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**TWENTY-NINTH ANNUAL
REPORT OF THE SCHOOL
MEDICAL OFFICER.**



**COUNTY COUNCIL OF THE
WEST RIDING OF YORKSHIRE
1936.**

COUNTY COUNCIL OF THE WEST RIDING OF YORKSHIRE.

TWENTY-NINTH
ANNUAL REPORT

OF THE

School Medical Officer,

ON THE

Medical Inspection and Treatment of
School Children,

For the Year ended 31st December, 1936.

*(Presented to the Child
Welfare Sub-Committee
May 5th - 1937)*

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A.—Medical Officers at Schools.

Routine Inspections at Elementary Schools	...	...	...	...	...	...	57,410
Routine Inspections at Secondary Schools	...	...	...	...	...	...	6,445
Special Inspections at Elementary Schools	...	...	...	...	...	...	8,428
Special Inspections at Secondary Schools	...	...	...	...	...	...	421
Re-inspections at Elementary Schools	...	...	...	...	...	...	20,979
Re-inspections at Secondary Schools	...	...	...	...	...	...	1,058

B.—Medical Officers at Clinics.

Inspections at Clinics (including Specialist Clinics)	...	...	...	...	...	22,789
Inspections under Employment of Children Bye-laws	...	...	...	...	...	947

C.—Dental Officers.

Routine Inspections at Elementary Schools	...	...	...	...	...	...	89,811
do. do. Secondary Schools	...	...	...	...	...	...	4,943
Special Inspections at Elementary Schools	...	...	...	...	...	...	5,542
do. do. Secondary Schools	...	...	...	...	...	...	—
Attendances for Treatment at Clinics—Elementary	...	...	...	...	...	...	59,407
do. do. do. —Secondary	...	...	...	...	...	...	5,188

D.—School Nurses and Health Visitors.

Visits to Schools	...	...	...	...	...	...	...	7,479
Examinations (including Cleanliness Inspections in Schools)	...	...	...	...	...	...	...	413,588
Visits to Homes	...	...	...	...	...	...	...	32,141

E.—School Clinics.

Number of Minor Ailments Treated	...	...	...	...	...	...	...	49,381
Total Number of Attendances	...	...	...	...	...	...	...	116,167

WEST RIDING EDUCATION COMMITTEE.

The Chairman of the County Council.

The Vice-Chairman of the County Council.

The Chairman of the Finance Committee.

ALDERMEN.

Armistead, J. H.	Eddy, H.	Schofield, G.
Bambridge, H. J.	Foulstone, T. H.	Smith, Lady Mabel
Brigg, J. J., M.A., LL.M.	Grylls, R. M.	Tomlinson, T.
Dewhurst, I. J.	Jackson, Sir Percy, LL.D.	Turner, W. H.
Dunn, E., M.P.	(Chairman.)	Unwin, Miss Hermione
	Lane, J. W.	

COUNCILLORS.

Allan, J. T.	Clough, W.	Jones, W. E.
Archer, Rev. F.	Crossley, Major J. H.	Page, A. J.
Barber, A.	Dyson, W. E.	Paling, W. T.
Bevan, S. G.	Everatt, W. T.	Shaw, Rev. G. M.
Bowker, S.	Flavell, A.	Spence, T. F.
Brocklehurst, W. H.	Hirst, F.	Taylor, E.
Brooks, T. J., M.B.E.	Hyman, W. M. (Vice-Chairman)	Wragg, Mrs. E., M.B.E.

ADDED MEMBERS.

Baillie, Sir James B.	Hinchliffe, Miss Mabel	Singleton, Mrs. M.
Glazier-Foster, F.	Morris, Miss G.	Smithies, Mrs. C. A.
Hazelip, Mrs. E.	Pickard-Cambridge, Dr. A.W.	Spivey, T. W.

CHILD WELFARE SUB-COMMITTEE.

Representatives of West Riding Education Committee.

County Aldermen J. W. Lane, G. Schofield and Miss H. Unwin (*Vice-Chairman*).
County Councillors T. J. Brooks, M.B.E., W. E. Dyson, W. T. Everatt.
Added Members: Miss M. Hinchliffe, Miss G. Morris, Mrs. M. Singleton and
Mr. F. Glazier-Foster.

Representatives of West Riding Public Health and Housing Committee.

County Aldermen G. Probert (*Chairman*) and T. Tomlinson.
County Councillors J. T. Allan, Mrs. E. M. E. Atkinson, Mrs. H. Beverley, W. T. Blewitt,
A. Fletcher, A. Fouchard, N. Goodall, Mrs. M. Heald, J. W. Simpson
and Mrs. E. Wragg.

STAFF.

County Medical Officer and School Medical Officer—T. N. V. Potts, M.D., D.P.H.

Assistant School Medical Officer—Reginald Lawrence, M.D., D.P.H.

Assistant County Medical Officer—J. Wood Wilson, M.D., D.P.H.

School Oculists.

Christina S. Stoddart, M.B. Hannah W. Murphy, M.B., D.P.H.
Claudius G. Kay Sharp, M.D. (part time).

Aural Surgeon.

HUGH M. PETTY, M.B. (part-time).

School Medical Inspectors.

Centre							Name of Officer	
Skipton	...	...	...	...	...	...	James M. Anderson, M.R.C.S., L.R.C.P.	
Ilkley	...	...	...	...	...	...	Nora M. Allan, M.B.	
Harrogate	...	...	...	...	...	...	Josephine Coupland, M.B., B.S., D.P.H.	
Halifax	...	...	...	...	...	...	Janet M. Macmillan, M.B., D.P.H.	
Wakefield	...	...	...	...	...	...	Gerald P. Holderness, M.B., D.P.H.	
Leeds	...	...	...	...	...	...	Margaret E. Peaker, M.R.C.S., L.R.C.P.	
Pontefract (East)	...	...	...	...	...	...	James W. Cairns, M.D., D.P.H.,	
Huddersfield	...	...	...	...	...	...	Annabella Rennie, M.B.	
Barnsley (West)	...	...	...	...	...	...	Jean V. Kirkwood, M.B., D.P.H.	
Pontefract (West)	...	...	...	...	...	...	Gertrude M. Mayhall, L.R.C.P., M.R.C.S	
Barnsley (East)	...	...	...	...	...	...	Jean J. Smith, M.B., D.P.H.	
Doncaster (West)	...	...	...	...	...	...	Bethia M. Newlands, M.B., D.P.H.	
Doncaster (East)	...	...	...	...	...	...	Duncan C. Rice, M.B.	
Sheffield	...	...	...	...	...	...	Stuart Lindsay, M.B.	
Rotherham (North)	...	...	...	...	...	...	Joyce E. M. White, M.R.C.S., L.R.C.P.	
Rotherham (South)	...	...	...	...	...	...	Rosie B. Becker, M.D., D.P.H.	

Dental Staff.

BERNARD R. TOWNEND, L.D.S., Senior Dental Officer.

Cyril Baines, L.D.S.	...	...	...	...	...	...	Aloysius M. Moorhead, L.D.S.
George O. Wood, L.D.S.	...	...	...	...	...	...	Oswald A. Long, L.D.S.
Richard E. Morgan, L.D.S.	...	...	...	...	...	...	Fred W. Buzza, L.D.S.
Bernard Sleight, B.Ch.D.	...	...	...	...	...	...	George Kilvington, L.D.S.
Stanley E. Clarke, L.D.S.	...	...	...	...	...	...	Kevern Batten, L.D.S.
Percy D. Copeland, B.D.S.	...	...	...	...	...	...	James M. Macdonald, L.D.S.
Marion M. Thom, L.D.S.	...	...	...	...	...	...	John Mackay, L.D.S.
Henry F. Jones, L.D.S.	...	...	...	...	...	...	Joseph Jackson, L.D.S.
Dorothy M. Phillips, L.D.S.	...	...	...	...	...	...	Rachel Sclare, L.D.S.
Eric Thornton, L.D.S.	...	...	...	...	...	...	Jas. R. Wishart, L.D.S.
John H. N. Macdonald, L.D.S.	...	...	...	...	...	...	Dorothy E. Smithson, L.D.S.
Donald D. Allan, L.D.S.	...	...	...	...	...	...	William Rodger, L.D.S.
Fred W. Sturgess, L.D.S.	...	...	...	...	...	...	James Todd, L.D.S.
Fred Brabington-Perry, L.D.S.	...	...	...	...	...	...	Mary M. Gibson, L.D.S.
Arthur Topping, L.D.S.							

School Nurses who assist School Dentists (Whole time)	...	...	...	...	...	10
Dental Attendants (whole-time)	...	...	...	...	...	19
School Nurses only (whole-time)	...	...	...	...	...	6
School Nurses and Health Visitors (whole time)	...	...	...	...	...	112
School Nurses and Health Visitors employed by District Nursing Associations and Local Authorities	...	...	...	...	...	69
Clerical Staff, School Medical Inspection Section	...	...	...	...	...	8

REPORT

of the

SCHOOL MEDICAL OFFICER.

for the

Year ended 31st December, 1936.

1. Area, Population, Staff.

The population of the Administrative County of the West Riding of Yorkshire in 1936, was 1,525,410 and the County Council is the authority for education as follows:—

(1) FOR ELEMENTARY EDUCATION.

The whole of the Administrative County (with the exception of the Boroughs of Batley, Brighouse, Harrogate, Keighley, Morley, Ossett, Pontefract, Pudsey and Todmorden, and the Urban Districts of Shipley and Spensborough) containing a population of 1,240,390

(2) FOR SECONDARY EDUCATION.

The whole of the Administrative County containing a population of 1,525,410

The area in (1) above includes 833 elementary schools, with 1,164 departments and on the 31st December, 1936, there were 175,885 children on the registers.

The area in (2) includes 50 secondary schools and on the 1st October, 1936, there were 17,337 pupils on the registers. In addition there are three schools, *viz.*: Barnsley Boys' Grammar School, Barnsley Girls' High School and Huddersfield Royds Hall Secondary School which are administered jointly by the County Council and the County Boroughs of Barnsley and Huddersfield respectively. The number of West Riding pupils is included in the above figure of 17,337.

For educational purposes the County Education area is mapped out into 114 districts, in each of which there is a district sub-committee, and these again are grouped into 23 divisions, each with a Divisional Clerk as local representative of the Education Authority.

STAFF.

The following is a summary of the medical, dental and nursing staffs employed in connection with School Medical Inspection during 1936:—

(a) MEDICAL.

School Medical Inspectors	(whole-time)	...	...	...	...	...	...	16
School Oculists	(whole-time)	...	...	...	...	...	...	2
Do.	(part-time)	...	...	...	...	...	...	1
Aural Surgeon	(part-time)	...	...	...	...	...	...	1

(b) DENTAL.

Senior Dental Officer	(whole-time)	...	...	...	...	...	...	1
Assistant Dental Officers	(whole-time)	...	...	...	...	...	...	29

(c) NURSING.

School Nurses	(whole-time)	...	...	...	...	...	...	6
School Nurses and Health Visitors	(whole-time)	...	...	...	...	...	...	112
School Nurses and Health Visitors employed by District Nursing Associations and Local Authorities	...	...	...	...	...	...	...	69
Dental Nurses	...	...	...	...	...	...	...	10
Dental Attendants	...	...	...	...	...	...	...	20

The following changes in the staff took place during 1936:—

(a) MEDICAL.

Nil.

(c) NURSING.

(i) *Appointments.*

Dental Attendants—Miss N. Tanner
Miss J. Gloyne.
Miss M. L. Peel.
Miss B. Price.
Miss B. Middlebrook.
Miss B. Ullathorne.
Miss D. Rawnsley.
Miss J. Hitchen.

(b) DENTAL.

(i) *Appointments.*

Dorothy E. Smithson, L.D.S.
William Rodger, L.D.S.
Donald D. Allan, L.D.S.
Fred Brabington-Perry, L.D.S.
Mary M. Gibson, L.D.S.
James Todd, L.D.S.
Fred W. Sturgess, L.D.S.
Arthur Topping, L.D.S.

(ii) *Resignations.*

E. W. Greenwood—Dental Nurse.

2.—Co-ordination.

(a) MEDICAL SERVICES.

As in previous years every effort is made to achieve full co-operation between the various branches of the County Medical Services and improvements are constantly being made as and when experience dictates.

(b) NURSING.

Co-operation from the standpoint of the nursing staff is ensured by the fact that the school nurses are, with six exceptions, also health visitors and thus obtain a wide and detailed knowledge of the children, many of whom they have followed up since birth.

It may be of interest to note that during 1936 the number of health visitors undertaking school nursing duties was 112, and the time given by them to school nursing work was equivalent to that of 44 whole-time school nurses.

(c) CO-OPERATION WITH CHILD WELFARE CENTRES.

Increased attention is being devoted to the transmission of clinical records of children who have attended child welfare centres to the schools, so that the information is available to the School Medical Inspector when carrying out his routine examination of entrants. The closer supervision of toddlers now being effected will result in the records of such children being brought up-to-date, and this information should prove of value at the school medical inspections.

(d) GENERAL HOSPITALS.

The general hospitals in the County Area continue to provide certain services for the school children which, though not coming within any defined county scheme, are of value to the children. This work has again been expedited by the friendly relations which exist with the lady almoners of the large general hospitals.

(e) DISTRICT MEDICAL OFFICERS OF HEALTH.

In the prevention and control of outbreaks of infectious disease, close touch is maintained by the School Medical Inspectors with the District Medical Officers of Health. Here again the County Scheme which offers facilities for immunisation against diphtheria to all school children has been successful in assisting the District Medical Officers of Health to combat outbreaks of diphtheria.

Further efforts are being made in conjunction with the Education Department to arrange for suitable accommodation for medical services in new schools, as and when they are built.

3.—The School Medical Service in Relation to Public Elementary Schools.

At the conclusion of school inspections the School Medical Inspector takes the opportunity of inspecting the buildings and sanitary arrangements, and reports of any defects are forwarded to me and transmitted through the Education Department to the District Sub-Committee or School Managers responsible for the particular school. The defects to which attention is usually drawn are:—

- (a) Structural.
- (b) Functional.
- (c) Mis-use of the facilities available.

In a few schools complaints are received that the w.c.'s are not flushed sufficiently and this is sometimes found to be due to lack of attention, and appropriate action is then taken through the school caretaker in order to deal with the matter.

Improvements in school premises are continuous, especially in the direction of better lighting, better facilities for washing and improvements in the playground surfaces. Probably the most noticeable change is a bold display of bright colours upon the walls in place of the shy timid neutral tints which used to prevail. These have entirely justified themselves in giving the schools and classrooms a warmer and more cheerful tone.

As mentioned in previous years, there is still a considerable amount of useless material, maps, charts and old books kept in the schools which harbour dust and render effective cleaning of the school premises difficult. It is hoped that some steps can be taken for this material to be transferred to other schools where it can be used, or alternatively disposed of as and when the opportunity occurs.

4.—Medical Inspection.

The statistical tables on pages 33-39 provide an account of the number of children examined, and the results of the examinations. The total examined during 1936 was 86,817, made up of 19,917 "entrants," 20,528 "intermediates" and 16,965 "leavers"; other inspections were 8,428 "specials and 20,979 "re-inspections." The figures in each group giving the defects found have varied very little from year to year, and although it is disappointing to have to record no diminution, it is pleasing to think of the value of bringing to notice defects which might otherwise have passed unnoticed.

5.—Findings of School Medical Inspection.

CLEANLINESS. A greater degree of cleanliness is noticeable among school children. This opinion is generally held by the medical and teaching staff. If it be urged that, in anticipation of a medical examination, the children are bathed the night before and appear spick and span before the doctor, there is on the other hand the testimony of nurses who make unannounced inspections for cleanliness, and of the medical staff who make nutrition surveys without notice. The teachers who are in daily contact with them know the standard of cleanliness which is maintained. They are all unanimous in thinking that the average is rising. The opinion is hazarded that the result is to some extent attributed to the building of new houses with baths and a supply of hot water. This statement in no way overlooks the existence of many excellent mothers, who, without these facilities, have invariably sent their children to school faultlessly clean, but it seems just to mention the parallelism of the growth of modern houses with the improvement of children's cleanliness. In another way it is important as an index of a change of attitude to child life.

CLOTHING. Generally it is found that children are clad in a reasonable amount of clothing and girls clothing especially affords little ground for criticism. There are comparatively few children who are underclothed, but in previous reports reference has been made to children who are overclad.

Overclothing is usually the result of excessive solicitude for the child because the child is susceptible to colds. One of the school medical inspectors reports that as a result of explaining the most suitable forms of clothing to some mothers in her district a considerable reduction has been effected in the number of children who are overclad, with great advantage to the health of the children concerned.

FOOTGEAR is noted at nutrition surveys. It is improving and is much better than it was some ten years ago. An improvement was noticed some five years ago when there was money available from the Lord Mayor's Fund to buy boots, and in 1935, Jubilee Year, there was a further sum of money available. However, boots bought in 1935 would not last long enough to create a favourable impression in 1936, and yet in spite of the number of children pitifully shod in "plimsolls" the general impression is that footgear is improving.

Nutrition.

The considerable activity of the medical inspection staff in making Nutrition Surveys is shown by the results given in condensed form below.

No. 1. A school population consisting of rural children whose parents are farm workers or small-holders and an urban group whose fathers work in a coal pit.

	No. examined.	A.	B	C.	D.
Rural Children	86	6 (6.95%)	76 (88.4%)	4 (4.65%)	—
Urban Children	249	21 (8.43%)	196 (78.71%)	30 (12.04%)	2 (0.82%)

All the children in Classes C and D were recommended for milk and cod liver oil.

No. 2.

A second group consists of children in a mining area. Unfortunately they are not classified according to the plan suggested in the Board's Administrative Memorandum of Statistical Returns, as the School Medical Inspectors making the survey only reported in detail on those children in the lower end of the scale. The following figures relate to one large school of three departments and a second school with junior and infant's departments .

No. examined.	A.	B.	C.	D.
1,424	974 (68.4%)		450 (31.6%)	

In the C and D classes 262 were already having free milk at the time of inspection, and to these 80 names were added. In addition there were 108 (by no means all showing signs of malnutrition) but sufficiently unsatisfactory to justify the recommendation for meals. Lest this paragraph suggests a gloomy picture it may be mentioned that this large school is the one referred to (but not by name) in a previous report where the malnourished children are balanced by the number of excellent children and the photographs of the school football and cricket teams could not, without letterpress, be distinguished from similar representatives of the same age in public and secondary schools.

On completing the inspection of this district the School Medical Inspector's comment was "There are very few children who can be graded as "D" according to the Board of Education ruling, "but there are many who are persistently in the "C" class . . . and that many children here would "be considerably improved if mid-day meals were supplied."

Average Attendance.	A.	B.	C.	D.
1,415			160+	

It should be noted that the 160 recommended for meals are not confined to the "D" class, but include many in the "C" (subnormal) group, *i.e.*, the recommendation is now not made for malnourished children only, but includes a group of children who do not attain the optimum in nutrition.

No. 3. This district includes two large schools in a mining district and two small country schools.

No. Examined.	A.	B.	C.	D.
1,718	85 (4.95%)	1,530 (89.06%)	103 (5.99%)	—

No recommendation was made for the provision of meals, but it was recommended that the issue of milk should be doubled.

No. 4. This survey was undertaken because there was a "strike" in progress. The preliminary examination of the children of the unemployed showed that the children in need of milk were already receiving it. The teacher had the power to give a second ration of milk where the children were prepared to take it.

No. Examined.	A.	B.	C.	D.
2,367	—	1,828 (77.22%)	532 (22.48%)	7 (0.29%)

On the day of inspection 648 of the children were already receiving milk and cod liver oil.

No. 5.

No. Examined.	A.	B.	C.	D.
1,848	353 (19.1%)	780 (42.2%)	656 (35.5%)	59 (3.19%)

No. 6.

No. Examined.	A.	B.	C.	D.
3,027	109 (3.60%)	2,242 (74.05%)	667 (22.05%)	9 (0.30%)

No. 7.

No. Examined.	A.	B.	C.	D.
1,560	38 (2.46%)	1,085 (69.54%)	425 (27.24%)	12 (0.76%)

No. 8.

No. Examined.	A.	B.	C.	D.
2,211	—	1,660 (75.07%)	543 (24.57%)	8 (0.36%)

No. 9.

No. Examined.	A.	B.	C.	D.
871	160 (18.38%)	448 (51.44%)	244 (28.0%)	19 (2.18%)

No. 10.

No. Examined.	A.	B.	C.	D.
2,519	328 (13·02%)	1,243 (49·33%)	904 (35·89%)	44 (1·76%)

No. 11.

No. Examined.	A.	B.	C.	D.
1,394	199 (14·28%)	611 (43·83%)	537 (38·52%)	47 (3·37%)

No. 12.

No. Examined.	A.	B.	C.	D.
680	143 (21·04%)	249 (36·62%)	266 (39·10%)	22 (3·24%)

GENERAL COMMENTS.

Certain variations are noticeable but as a rule a single standard is aimed at and achieved with some success. For this purpose the examiners have met and together inspected groups of children to fix afresh their standards.

From Table IV, page 18, of "The Health of the School Child, 1935" the following figures are extracted:—

Area or Authority.	No. of children examined.	A. and B. %	C. Slightly sub-normal. %	D. Bad. %
West Riding C.C.	60,933	81·68	17·48	0·84
Sheffield C.B.	22,476	85·9	13·7	0·4
Leeds C.B.	19,983	84·5	15·0	0·5
Lancashire C.C.	36,477	89·3	10·1	0·5
Derbyshire C.C.	22,343	86·6	12·5	0·9
Durham C.C.	40,476	77·4	19·8	2·7

As an indication that the new classification has been uniformly interpreted throughout the country, the same report points to the fact that in contiguous areas, *e.g.*, London County and Middlesex, the findings are very similar and there is, as might be expected, a wide difference between the findings in some southern counties such as Surrey and a northern county such as Durham.

Of other means of assessing nutrition, that of estimating the hæmoglobin of the blood has been suggested but is not likely to be of service till a datum line of the average has been established and the range of variation from the normal in children who are beyond the suspicion of being malnourished.

Some similarity is shown between the findings in the West Riding County, in Leeds County Borough, and in Sheffield County Borough.

OBSERVATIONS OF SCHOOL MEDICAL INSPECTORS.

On the subject of nutrition the staff again emphasise its complexity as a problem and re-state their contention that poor nutrition is not necessarily identical with insufficient food.

From a school medical inspector in the northern part of the West Riding comes an interesting commentary on the scheme of subsidiary nourishment. His remarks are as follows: "Systematic nutrition surveys have been carried out with the result that I find the general standard of nutrition is good and compares favourably with nutrition surveys of previous years."

"There are still differences of opinion among the head teachers regarding the wholesale distribution of milk to children. While some state that it tends to the making of a better school attendance, brighter and healthier children, others have a reverse opinion. I cannot see that there is much difference excepting in those cases of necessity for which the scheme was originally intended. Children in schools where there is no milk scheme in operation compare favourably with those in other schools receiving a supply of milk, which would go to show that a healthy development of the child is not solely dependent on food, but rather on a combination of factors. There are types of children in schools, who, no matter what quantity of food was given them, would show no improvement. By this I mean those who lack a sufficiency of rest, fresh air, sunshine and the environment of a happy home."

“One head teacher in my area made two selections of children of similar ages. The first “selection were those children in receipt of subsidiary nourishment (milk) whilst the second were “having nothing other than their home diet; the second group formed a control for the first, and “it was interesting to note that a series of monthly weighings showed that the control group made “the greater increase in weight.”

My own comment on this experiment is that it is very gratifying to know that teachers are taking a close interest in this matter and my criticism is that the numbers under observation must necessarily have been small and that a selection had already been made before the conclusions were made, instead of which, the sampling should have been of two unselected groups.

Dr. Newlands reporting upon an area in South Yorkshire does not think that the Nutrition Surveys are as satisfactory in the assessment of physical condition as are the routine examinations. I myself think that both are valuable and as an adjunct to examinations of individuals a bird’s eye view of the school population of a locality has considerable value.

DR. NEWLANDS continues “Since the “C” group of children is made up, on the express “recommendation of the Board of Education, of those showing any symptom of malnutrition ‘how- “ever slight’ it covers quite a wide range of selection and includes cases in whom lack of food “is by no means the chief factor causing them to be classified as subnormal. In a series of 344 “children classified in “C” group, from routine inspection I found that in 81 cases, or 23·5%, “the probability of lack of food was extremely unlikely, but that other factors played an important “part. These cases were grouped under such headings as ‘small, or slight physique,’ ‘tall and “thin,’ ‘all members of family of small physique,’ ‘one of twins,’ or ‘suffering from physical “defect.’ The information enabling me to group these children thus was supplied by the mothers “or by the teachers or school nurse. The factor of family physique plus the one of small physique “accounted for 52 of the 81 cases.”

Some criticism has been offered to the opinion of medical inspectors as to the importance of other factors than feeding in the production of malnutrition. The following passage from DR. LINDSAY’S report might have been specially directed to proving “parental apathy” though he nowhere uses the words.

“The general feeling of the Head Teachers in the area is that the milk is doing good. “Unfortunately full advantage of the scheme is not being taken and there are a larger number of “scholars in grades ‘C’ and ‘D’ who are not having milk, the reason being that they may have “been certified to have milk, but their parents having an income above the scale are required to “pay the ½d. per day and refuse.”

“It is not very satisfactory to see so many children of ‘A’ and ‘B’ groups taking the milk “. when we have so many in ‘C’ and ‘D’ groups not having it. It is also found that a “high percentage of these children refuse dental treatment and their parents are very indifferent “regarding obtaining treatment for tonsils and adenoids, defective vision, etc.

“The following figures obtained recently from three schools (where two bottles of milk per “day have been recommended for over four years now) give emphasis to the foregoing remarks :—

School.	Certified to pay.	Refused.	Percentage certified to pay not having milk.
Brinsworth Council Mixed	82	62	75%
Brinsworth Council Infants	40	33	82%
Catcliffe Mixed	46	33	71%
Fence Mixed	39	31	79%

The Education Committee made arrangements during 1936 for the provision of meals at 19 centres and below is given a summary of the number of meals supplied.

MEALS.

	Certified Issues		Total
	Free	For payment	
Dinners	204,225	2,993	207,218

Subsidiary nourishment in the form of milk and cod liver oil is also provided to children. In cases where children are certified by the School Medical Inspectors as being undernourished, a scale of income is operative and in other cases the parents pay for the milk.

The total number of issues of milk and cod liver oil during the year is set out in the following table:—

SUBSIDIARY NOURISHMENT.

	Number of Issues.			Total No. of Issues.
	Certified		Non-Certified	
	Free	For Payment	For payment	
Milk	7,945,948	716,537	12,365,322	21,027,807
Cod liver oil	3,916,891	81,571	192,358	4,190,820
Total	11,862,839	798,108	12,557,680	25,218,627

Subsidiary nourishment was supplied at 756 Centres (1,082 Depts.).

Assuming that comparable standards of medical examination are being adopted by the medical staff of the larger education authorities in the country it will be observed by reference to the table on page 11 that the percentage of children whose nutrition was found to be either slightly sub-normal (C) or bad (D) in the West Riding was distinctly higher than the average percentage of certain other large industrial cities and counties.

In view of this higher incidence renewed efforts were made during the year to make the ascertainment of all sub-normal children as complete as possible, and with this object, early in the current year (1937) the scheme was extended after consultation with Mr. A. L. Binns, the Education Officer, by introducing the County Council's tuberculosis medical officers to assist the school medical inspectors in carrying out periodic nutritional surveys as recommended by Circular 1443 of the Board of Education.

INSTRUCTIONS TO MEDICAL AND NURSING STAFF RELATING TO NUTRITION OF SCHOOL CHILDREN.

The following correspondence with school medical inspectors, tuberculosis medical officers, health visitors and school nurses is reproduced in this report as it is considered that by doing so a clear indication is given to District Education Sub-Committees, teaching, medical and nursing staffs of what is the declared policy of the Board of Education and the West Riding Education Committee in this matter.

Incidentally, I believe the introduction of the tuberculosis medical officer directly into the schools in the manner described is a method of co-ordination of medical services which has not previously been tried out anywhere else in the country. This innovation will be closely watched not only by your own medical staff, but also by the Board of Education and Ministry of Health, both of which authorities have expressed their approval of the new arrangement.

CIRCULAR LETTER TO SCHOOL MEDICAL INSPECTORS.
(dated 18th Nov., 1936).

In reference to our conference concerning issues of milk or meals to school children, the Senior Medical Officer of the Board of Education (Dr. Glover) and I, along with four school medical inspectors, visited a number of schools in the County and inspected certain children, more particularly those classified in groups "C" and "D." We were agreed upon the classification of the nutrition children according to the Board of Education's standards. Subsequently a conference between Dr. Glover, the school medical inspectors and myself took place and the advisability of giving meals in preference to milk to children classified in the D. group and a number of those classified in the C. group was discussed.

You will remember that at the conference of school medical inspectors the opinion was expressed that much of the malnutrition, both in groups "C" and "D" was considered to be due to bad environmental conditions, the failure of parents to take necessary action to have diseased conditions, e.g., tonsils and adenoids, defective teeth, attended to. Dr. Glover and I are in complete agreement with this expression of opinion so far as it goes but he confirms the suggestion which I made to school medical inspectors at the conference that it is impossible to be dogmatic in every case and to say that because a child is living under unsatisfactory home conditions or is not receiving adequate medical attention the malnutrition is therefore due to these conditions exclusively and not in part to the lack of good food.

Again, it is conceivable that the lowered vitality produced by unsatisfactory home surroundings, overcrowding, badly balanced diet, diseased tonsils and adenoids or decayed teeth would be counteracted to some extent by giving a child a well prepared meal.

Another point arising out of our discussion on this matter was the relative value of milk compared with a solid meal, and it must be admitted that there is a limit to the extent to which a liquid food can be taken in building up tissues of the growing child and maintaining resistance to infection, and that a solid meal given either alone or to supplement the milk ration, may be more beneficial in certain cases than milk alone.

In view of these considerations and having regard to the fairly clear indications contained in Circular No. 1443 issued by the Board of Education, I shall be glad if you will examine each case carefully that falls into categories "C" and "D," more particularly the latter, in order to ensure

that despite adverse home surroundings, etc., which may be the primary cause of individual cases of malnutrition, the child is given the benefits of any doubt and is accordingly recommended for a meal if it appears to you that an improvement in its nutritional state might result from so doing.

It is very unsatisfactory to find such a large number of parents refusing medical or dental attention recommended for their children. This matter was mentioned by school medical inspectors at the Conference, and I am bringing this anomalous position to the notice of the Canteen Sub-Committee.

18th Nov., 1936.

T. N. V. POTTS.

CIRCULAR LETTER TO SCHOOL MEDICAL INSPECTORS, TUBERCULOSIS
MEDICAL OFFICERS, HEALTH VISITORS AND SCHOOL NURSES.

(Dated 17th Feb., 1937).

As the result of Annual Reports of the Chief Medical Officer of the Board of Education and Ministry of Health, and reports received from time to time from West Riding school medical inspectors relating to the health of school children, Committees of the County Council have been directing special attention to this matter.

I enclose:—

- (a) Copy of the Board of Education Circular 1443 and
- (b) Copy of my Circular to School Medical Inspectors dated 18th November, 1936.

These two communications explain themselves but my object in writing this letter is to inform you that it has been found quite impossible with the present number of medical staff to hold periodic nutritional surveys at which all children not receiving meals can be passed under review as is suggested by Paragraph 7, of Circular 1443.

The ascertainment of sub-normal nutrition and the necessity for the provision of meals is not a matter which is exclusively associated with school medical inspection; it will be obvious that the scheme for the prevention and treatment of tuberculosis (in particular the direct interest and co-operation of tuberculosis medical officers) is of valuable assistance in securing and maintaining the nutrition of children at as high a level as is possible.

After consulting with the Chief Tuberculosis Officer and the Chief Assistant School Medical Officer, I have come to the conclusion that periodic nutritional surveys as suggested by the Board of Education can be carried out best by the pooling of resources of the medical and nursing staffs of both child welfare and tuberculosis sections. In a certain number of cases the necessity for the provision of meals is quite as obvious to the school teacher as to the medical officer or nurse, and in addition the school teacher may have the advantage that he or she knows the environmental circumstances of the child's family. In this connection I have consulted with the West Riding Education Officer and he is issuing a circular to school teachers asking them to co-operate by recommending milk or meals in cases in which this action may appear necessary.

The procedure that I am suggesting is that in each area or district of an Education Sub-Committee a nurse should be assigned a number of schools at which she would conduct a survey once per month. To a number of these groups of schools would be attached a tuberculosis medical officer or school medical inspector, who would make a periodic nutritional survey once every three months.

The survey of school children should not as a rule involve more than a general inspection in the classrooms; children would be asked to stand up in their places and the medical officer or nurse would in a number of cases be able to decide from outward physical signs, together with information of the circumstances of the family, that a child should be provided with meals. In other cases no doubt stripping to the waist and physical examination would be essential.

Children recommended by teachers for meals or for special consideration should, of course, be examined with particular care and due weight should be given, in these cases, to the information furnished by teachers or enquiry officers.

It should be clearly understood that these surveys are not intended to replace the customary routine or special medical inspections which will be undertaken as heretofore.

In writing this letter I have been mindful of the fact that nearly 50% of the schools have been closed recently on account of influenza; this has meant that approximately half of the children attending these schools, together with a high proportion of children attending schools which have not been closed, are likely to be suffering from the effects of this disease for many weeks to come.

To the assistant tuberculosis officers who are undertaking school medical work for the first time I am enclosing a copy of "The Health of the School Child (1935)" and would refer them to the chapter on "Nutrition and School Feeding" at pages 10 to 42.

A list of the schools, allotted for nutritional survey purposes, and other information will be sent to tuberculosis officers at an early date.

17th February, 1937.

T. N. V. POTTS.

CIRCULAR LETTER TO SCHOOL MEDICAL INSPECTORS, TUBERCULOSIS
MEDICAL OFFICERS, HEALTH VISITORS AND SCHOOL NURSES.

(Dated 8th April, 1937).

Education Act, 1921.—Nutrition of Children and Provision of Meals.

For your information I set out below a copy of Section 84 of the Education Act, 1921, which is the authority under which Education Committees are permitted to provide meals for school children:—

“Where the local education authority resolve that any of the children attending an elementary school within their area are unable by reason of lack of food to take full advantage of the education provided for them, and have ascertained that funds other than public funds are not available or are insufficient in amount to defray the cost of food furnished in meals under this Act, they may spend out of the rates such sum as will meet the cost of the provision of such food.”

Hitherto comparatively little attention has been directed to the subject of *physical* education, but as the result of recent activity in this matter by the Board of Education and Ministry of Health, it is anticipated that physical training methods in schools will be increased considerably and, therefore, it should be remembered when interpreting Section 84 of the Education Act, the words “Education provided for them” must be taken to include physical education as well as mental studies; it will be necessary, in fact, to consider in the case of poor children more particularly, **whether they are unable to take full advantage of these exercises by reason of lack of a suitable quantity or quality of food.** Obviously a child that is carrying out physical exercises is using up a greater number of calories and, therefore, I fully anticipate, in view of this *new* interpretation to be placed on Section 84 of the Act, that in most districts of the County there will be a pronounced increase in the number of children that are recommended for milk, cod liver oil, and meals.

In previous circular letters I have pointed out that there is a limit to the extent to which a child can take liquid food, and I suggest again that it is impossible in the majority of cases to state definitely that a child classified in the “C” Group (slightly sub-normal) is likely to show as much improvement in his physical condition by giving it milk and cod liver oil only as by giving solid meals.

In a number of cases the school medical inspectors have classified children in the “C” Group and have stated that the reason for this slight sub-normality has been due to obvious conditions such as diseased tonsils and adenoids, septic teeth, etc., and I have no doubt that this explanation of the sub-normal nutrition has been quite correct. It should be borne in mind, however, that even in these cases where the cause is known and although parents may have refused to have such causal conditions removed, provision of subsidiary nourishment, including solid meals, is likely to assist the child in its natural resistance against infection or other adverse environmental circumstances.

I shall be glad if you will give full consideration to the foregoing remarks when making your periodic surveys of children in connection with their nutritional state.

8th April, 1937.

T. N. V. POTTS.

Dental Inspection and Treatment.

The year 1936 has witnessed the completion of the programme which was agreed upon by the Education Committee on the 10th October, 1934, for the increase of the dental staff to one Senior Dental Officer and twenty-nine Assistant Dental Officers. Certain alterations in the methods of recording the work done has involved a considerable amount of “spade work” which will automatically diminish as the scheme becomes established, but it is considered that with these new methods a better assessment may be made of the value of the scheme and some of the detailed results of these records will be found later in this report.

The twenty-nine areas have been so arranged that each dental surgeon has an average of about 5,000 elementary and 600 secondary school children under his care, but the individual figure for each officer varies according to the type of area in which he or she is working. In the scattered and largely rural districts of the North and East of the Riding it was considered expedient, on account of the number of small schools with long distances intervening between them, to allocate a smaller school population to the officer stationed there than in the more thickly populated southern and western districts where the schools are larger and less time is spent in moving from one clinic to another.

The amount of treatment carried out by the West Riding dental staff compares very favourably with the figures for England and Wales. This comparison is shown in the following table:—

	Fillings per 100 children treated.		Extractions per 100 children treated.	
	Temporary.	Permanent.	Temporary.	Permanent.
England and Wales, 1936	6·8	69·7	157·4	33·8
West Riding County Council	2·1	73·2	188·7	42·1

These figures indicate that we are carrying out more work per child treated than the average for the rest of the country.

The figure for permanent extractions is high. This is partly due to the inclusion of secondary school pupils into the dental scheme. Many of these children have not received dental treatment for several years and as a result some of their permanent teeth are too badly decayed to be conserved. 3,192 secondary school pupils have been treated and 2,931 permanent teeth have been extracted—almost one per child. It is reasonable to surmise that as the scheme progresses and treatment is available at more frequent intervals, the necessity for extracting many of these permanent teeth will diminish. It should also be realised that a proportion of these permanent teeth are removed not because they are decayed and septic, but for the following reasons: (a) in the elementary schools 8·7% and in the secondary schools 3·9% of these have been extracted to make room for the other permanent teeth; (b) 7·8% in the elementary schools and 6·4% in the secondary schools because under certain conditions it is advisable to remove a sound, or at any rate a saveable tooth, for reasons of symmetry so that the jaws may develop evenly.

The figures for fillings which have been shown in the past have afforded little evidence of the amount of work done. A dental surgeon may insert several fillings in one tooth and each counts as one filling. Very often there is a temptation to do this when output is based upon the number of fillings alone, when the correct procedure is to join up the several cavities and make one filling. In other words a conscientious officer does not receive as much credit as one who takes the easiest way. The number of teeth conserved is a much more valuable criterion on which to assess the merit of the work done.

The following table gives a detailed analysis of the conservation work carried out during the year in the West Riding:—

	Elementary.	Secondary.
No. of 6-year molars conserved	22,078	1,692
No. of other teeth conserved	5,247	2,555
Total	27,325	4,247
Cement fillings	1,047	237
Amalgam fillings	18,815	2,101
Compound cement and amalgam fillings	9,192	1,543
Porcelain fillings	2,333	1,048
Total	31,387	4,929
Dressings	1,177	234
Silver nitrate treatments	545	24
Scalings and polishings	2,932	520

It will be seen from the foregoing figures that in the elementary schools 80·8% and in the secondary schools 39·8% of the teeth conserved are six-year molars.

During the past twelve months, the dental nurses and attendants have carried out home visits in cases where dental treatment has been refused. This procedure has been in the nature of an experiment and has only been possible during school closures and at such times that the services of the nurse or attendant have not been required by the dental surgeon. The results may be taken as a fair sample and are very gratifying. They are an indication that many parents who refuse dental treatment can be persuaded to accept if a little tactful pressure is brought to bear. Inertia is the most salient characteristic of the human mind and any educative effort which will tend to overcome that inertia is valuable. 4,626 visits were made and 1,772 refusals were converted into acceptances (38·3%). In 890 cases the parents undertook to provide private treatment, but experience in the past has shown that this is rarely done. In 1,924 cases the result was unsatisfactory. In 423 cases the reason given for non-acceptance of treatment was that the parents could not afford the fee of one shilling. The fact that this fee need not stand in the way of treatment being given is made as clear as possible on the consent form. One can only conclude that a considerable number of parents either do not read this form, or are not sufficiently interested in their children's health.

It has been observed frequently that many refusals of treatment have their origin in objections made by the child itself, due to lack of parental control. This is one of the regrettable features of the "spirit of the times," and it becomes acute among the older children who have begun to develop a will of their own which is an admirable quality if directed wisely along the right lines.

MR. BUZZA (Harrogate) sums up the matter in one crisp sentence, "How deplorable it is that when children get to the age of eleven and upwards they should be the ones to say whether or not they should have dental treatment."

MR. JONES (Doncaster) reports—"I have found the acceptances are better from 5 to 9 years of age than from 9 to 14, the senior school average being decidedly poor." MR. JONES suggests that propaganda is urgently needed among these older children, and has found the use of the films issued by the Dental Board of the United Kingdom very helpful. He also comments on the success he has obtained from the use of the pamphlet "The Story of a Tooth." In departments where this pamphlet has been used, the acceptance rate has risen by 15%.

MISS SCLARE (Leeds) says—"The last word as to whether a child will accept dental treatment, remains with the child in the majority of cases. I believe that dental propaganda should be concentrated on the children themselves, rather than the parents."

MR. ALLAN (Castleford) after only seven months experience in school dentistry is of the opinion that the low rate of acceptance in Castleford is accounted for by the fact that the child decides whether treatment shall be accepted or not. He goes on to say—"Generally the family is large and the parents seem quite indifferent about treatment so long as the child in question is not actually suffering from toothache."

MR. LONG (Skipton) speaking from an extensive experience of the industrial districts in his area says—"In many cases both father and mother work in the mill and the children have to fend for themselves. Many of the parents who receive a consent form ask the children if they wish to have treatment and the children 'fend for themselves' by refusing."

MISS GIBSON (Pontefract) reiterates the fact that many children will not allow their parents to sign the consent form and points out the importance of educating parents not merely in the necessity for treatment, but that it must be regular and as frequent as the dental surgeon thinks fit. Miss Gibson stresses the difficulty in gaining acceptance for treatment where the parents cannot actually see a hole in the tooth.

All the foregoing comments indicate the vital necessity for changing by any educative means the general opinion that dentistry is a service merely for the relief of pain and for purely cosmetic purposes. Dentistry is more than such a service, and the concept that it is a genuine health service should never be lost sight of. Dental disease must be controlled early in its incidence, or even before it appears and should be kept under control by regular and frequent inspection and treatment.

MR. RODGER (Goole) in commenting on the general attitude of many parents towards dental treatment says very truly that it is a common belief that dental treatment every two or three years is quite sufficient.

Until public opinion can be swayed from these prejudices and erroneous beliefs concerning dentistry, the attainment of an ideal service will be impossible.

DENTAL TREATMENT IN SECONDARY SCHOOLS.

The extension of the scheme to secondary schools has brought with it its own special problems and points of interest. The method of inspection has been varied somewhat from the procedure in the elementary schools. Before inspection a form has been sent out to the parents of all pupils, asking them whether they wished their children to be inspected by the School Dental Officer and offering two alternatives if treatment was found to be necessary.

(a) Treatment by the West Riding Dental Officer.

(b) The parents make their own arrangements for the private treatment of the child.

In secondary schools 4,943 pupils have been inspected, 4,223 have been found to require treatment and 3,288 of these have elected to have the treatment undertaken by the West Riding Dental Officer. Of these, 3,192 have received treatment. It has been found, as would be expected, that a great deal more treatment per child is required for these older children than is the case with the elementary school population, and the type of treatment necessary differs widely between the two groups.

The contrast between the two types of work is shown in the following table:—

COMPARATIVE TABLE OF TREATMENT CARRIED OUT IN ELEMENTARY AND SECONDARY SCHOOLS.

	Elementary.	Secondary.
Average number of children treated per session	5.84	3.37
Average number of attendances per session... ..	7.45	5.48
Average number of extractions per session	13.94	4.01
Average number of fillings per session	4.09	5.82

The figure for fillings accounts largely for the greater expenditure of time which has to be spent on the secondary school population. Not only is the number of fillings done greater, but many of the conservations required in the older children are larger than in the younger age groups, and more time is required to carry out the necessary restoration. The large figure for extractions in the elementary group is accounted for by the numerous extractions of deciduous teeth which are necessary in the younger age groups in order to remove sepsis from the mouths of these young children and also by the removal of many of these teeth which have been retained longer than their allotted span and which as a result of this retention are likely to cause irregularities of the permanent dentition.

The dental treatment of secondary school pupils has aroused arguments from several of the dental officers engaged in this work, which are worthy of note.

MR. BATTEN (Leeds) who has treated the children in three secondary schools says:—
 “Treatment among the secondary school children tends to point strongly how uneconomical our dental scheme has been. Very many of these children have in the past received fairly regular dental attention in certain elementary schools up to the age of ten years. They entered the secondary school at that age and most of them have received no dental attention since. The results are illuminating. Extensive dental decay, often oral sepsis, with remnants of past conservative work presenting rather a sad appearance among it, are prevalent among these children, and is only cleared up by extracting many teeth on which work and money has been previously expended. Also extensive filling treatment has to be started all over again.”

“We seem to be building, and, instead of keeping in repair, have to keep rebuilding completely after many periods of absolute neglect.”

MR. SLEIGHT (Otley) comments upon the same problem from another angle and says:—

“Requests for fillings where it has been too late to hope for success have been frequent. Many of these children have been persistent refusers at elementary schools and have now decided to accept treatment. Their change of mind is encouraging, but the problem of dealing with the results of past neglect is often very difficult The majority do not appear to have had any treatment since leaving the elementary schools two to five years ago, even if they had treatment then.”

MR. WOOD (Selby) suggests that a requirement that a child’s mouth should be put into a healthy condition might be a condition of admittance to secondary schools as it is to public schools.

6.—Infectious Diseases.

(a) SCHOOL CLOSURE.

The following table shows the number of schools and departments which have been closed during the year, either by order of the Local Sanitary Authority on public health grounds or by the Education Authority, acting on the advice or with the approval of the School Medical Officer.

Disease.	Closed by Order of Local Sanitary Authority.			Closed by West Riding Education Authority.	
	Schools.	Depts.	Children under five.	Schools.	Depts.
Measles	17	13	—	3	—
Influenza and Colds	5	3	—	—	—
Mumps	5	2	—	1	—
Chicken Pox	6	3	—	—	—
Scarlet Fever	1	1	—	—	—
Whooping Cough	11	2	1	1	—
Diphtheria	4	—	—	—	—
Impetigo	1	—	—	—	—

(b) DIPHTHERIA IMMUNISATION.

During the year 1936 more than 2,000 cases of diphtheria were notified in the West Riding Administrative County Area, and, as a result, the demand for diphtheria immunisation continued, over 14,000 children receiving the protective treatment.

The work has been carried out at schools and centres in the following districts:—

Urban District.	No. of children receiving the protective treatment.	Urban District.	No. of children receiving the protective treatment.
Adwick-le-Street	162	Otley	118
Altofts	33	Pontefract B.	99
Ardsley, E. and W.	131	Pudsey B.	56
Barkisland	1	Rawmarsh	363
Barnoldswick	306	Ripon City	119
Batley B.	240	Rishworth	12
Bentley-w-Arksey	185	Royston	41
Bingley	168	Saddleworth	110
Birstal	300	Selby	85
Bolton-upon-Deane	76	Shelf	8
Brighouse B.	833	Shepley	1
Calverley	4	Shipley	1,012
Castleford	194	Skelmanthorpe	52
Conisbrough	243	Skipton	114
Cudworth	112	Slaithwaite	213
Darfield	56	Southowram	23
Denholme	13	Sowerby	14
Dodworth	2	Soyland	11
Drighlington	35	Spenborough	19
Earby	69	Springhead	2
Elland	89	Stainland	1
Emley	16	Stanley	34
Featherstone	14	Stocksbridge	2
Flockton	9	Swinton	493
Garforth	30	Thurnscoe	156
Gildersome	12	Tickhill	13
Golcar	237	Todmorden B.	109
Goole	175	Wath-upon-Deane	108
Guisley	30	Whitwood	49
Harrogate B.	43	Worsborough	105
Haworth	5	Yeadon	63
Hebden Bridge	11		
Heckmondwike	223	RURAL DISTRICT.	
Hemsworth	4	Bishopthorpe	8
Hipperholme	73	Bowland	124
Holmfirth	92	Doncaster	266
Honley	4	Goole	66
Horsforth	70	Gt. Ouseburn	450
Hoyland Nether	61	Halifax	10
Ilkley	1	Hemsworth	925
Keighley B.	318	Keighley	52
Kirkburton	30	Kiveton Park	4
Kirkheaton	18	Knaresborough	290
Knaresborough	82	Pateley Bridge	104
Knottingley	93	Penistone	83
Linthwaite	66	Pontefract	196
Luddenden Foot	32	Ripon	21
Maltby	117	Rotherham	392
Marsden	159	Sedbergh	28
Meltham	31	Selby	87
Methley	146	Settle	463
Mexborough	9	Skipton	100
Midgley	15	Tadcaster	139
Mirfield	86	Thorne	498
Morley B.	20	Wakefield	26
Mytholmroyd	64	Wetherby	140
Normanton	9	Wharfedale N.	6
Ossett B.	84	„ S.	
		Wortley	249

7.—Following-up.

This work is undertaken by the school nurses who are supplied with a list of children found by the School Medical Inspectors to be suffering from defects. The nurses interview the parents and give advice regarding the treatment required.

There are 6 nurses who devote their whole time to school nursing, 112 health visitors who devote two-fifths of their time to school work and 69 district nurses who give a proportion of their time to school nursing and health visiting.

The duties carried out under the heading of "School Nursing" comprise the following.

AT SCHOOLS.

- (a) Systematic cleanliness surveys.
- (b) Investigations of outbreaks of infectious disease.
- (c) Following up cases to see that treatment is being, or has been carried out; that spectacles are worn regularly or are in need of repair, and that special exercises, etc., are carried out.

AT CLINICS.

- (a) Attendance with the Medical Officer at the Treatment Clinic.
- (b) Attendance at the Clinics on specified mornings to treat minor ailments.

VISITING HOMES.

- (a) Following-up children whose defects have not been remedied.
- (b) Interviewing parents concerning defects found; such as uncleanness, bad clothing, etc.
- (c) Ascertaining cause of irregular attendance at Clinics.

A summary of the work of the School Nurses is shown below:—

(1) Total number of visits paid to Schools	...	...	...	...	...	...	7,479
(2) Total number of examinations of children	...	...	...	...	...	...	413,588
(3) Total number of individual children found unclean	...	...	...	...	...	...	2,497
(4) Total number of visits paid to homes	...	...	...	...	...	...	32,141

DR. PEAKER comments on the improvement in the cleanliness of children's heads being partly due to the efforts of the school nurses in interviewing the mothers.

8.—Medical Treatment.

The various schemes of medical treatment provided for school children by the County Council cover a very wide field as shown by the following table:—

- (1) School Clinics for minor ailments.
- (2) School Oculist.
- (3) School Dentist.
- (4) Ultra-violet Ray Clinics.
- (5) Aural Clinics.
- (6) Open Air Schools.
- (7) Sanatoria.
- (8) Hospitals for surgical tuberculosis.
- (9) Special hospital schools for crippling defects.
- (10) Grants to hospitals for operative treatment of tonsils, adenoids, ear disease and squint.

The grant to hospitals is £2,000 annually and this sum is allocated to the Voluntary Hospitals in proportion to the cases which are treated under the County's scheme. The total number of children treated under the County's scheme in 1936 was 2,098, made up as follows:—

Tonsils and Adenoids	...	1,883
Squint	...	85
Middle Ear Disease	...	130
Total	...	2,098

A certain amount of orthopædic work is being undertaken in the West Riding and the after care of these patients devolves on the school medical inspectors and health visitors.

The cases of errors of refraction treated by the Oculists (see Table IV) are about the same as last year. The Oculists examined in addition 714 adult persons under the Blind Persons' Act, during the year.

The following classes of cases have been examined by the County Oculists:—

- (1) School children referred by school medical inspectors.
- (2) Children under school age referred from Child Welfare Centres (this co-operation is very much encouraged, to secure early treatment of strabismus).
- (3) Secondary School children, most of them being children who have been awarded scholarships and are about to enter a Secondary School.
- (4) Children who are candidates for Schools for the Blind, or for special schools. These are high myopes and partially blind.
- (5) Children who are leaving such institutions and entering upon training.
- (6) Adult applicants for registration under the Blind Persons Act.
- (7) Adults in Public Assistance Institutions.
- (8) Mentally Defectives in Institutions.

AURAL CLINIC, DONCASTER.

REPORT BY MR. H. M. PETTY, F.R.C.S. (AURAL SURGEON).

As will be seen from the table below, 437 cases were examined at the clinic. Operations were advised in 142 cases and the necessary A.P.H.T. (Advice to Parent re Hospital Treatment) Forms were given to attend at the Doncaster Royal Infirmary.

Owing to the very extensive waiting list at the hospital there has been considerable delay in the admission of the cases—as much as ten months—and I would commend the consideration of a special operative clinic.

I have not been able to give the figures relating to the final results of treatment but from the reports of the various school nurses concerned they are very satisfactory.

The parents appear to be taking more interest in the welfare of their children and more notice of the work done. They are generally very willing to give permission for the children to be brought to the clinic.

I place on record the enthusiasm of the school nurses in carrying out the routine treatments.

History cards have just been delivered and will be of great assistance.

I would stress the importance of arranging clinics for at least one month ahead so as to facilitate the school nurse's arrangements for visiting the parents and obtaining their permission and a detailed history of the case.

Schools.	Boys				GIRLS.				Total cases examined
	Suppurative Otitis Media	Non-suppurative Otitis Media	Miscellaneous	Operations Advised	Suppurative Otitis Media	Non-suppurative Otitis Media	Miscellaneous	Operations Advised	
Woodlands and Highfields	11	8	1	4	11	11	3	11	45
Dunscroft	8	1	—	3	5	1	—	1	15
Skellow	1	—	—	—	4	4	1	2	9
Carcroft	3	1	—	—	4	5	1	2	13
Stainforth	8	—	—	1	3	2	—	3	13
Arksey	1	1	—	1	3	—	—	2	5
Rossington	13	7	1	4	16	14	3	10	54
Moorends	9	9	—	7	20	8	3	9	49
Askern	5	—	—	2	1	1	—	1	7
Bentley	11	3	1	2	5	5	—	1	25
Denaby	21	14	1	9	15	8	1	12	60
Thorne and Hatfield	5	3	—	2	3	3	—	2	14
Conisboro'	12	8	—	8	9	5	1	5	35
Edlington	9	2	—	6	4	1	2	4	18
Conanby	4	2	—	1	4	1	—	1	11
Tickhill and Wadworth	1	4	—	1	5	3	—	4	13
Upton	2	1	1	2	5	1	—	1	10
Armthorpe	5	4	4	7	7	9	9	10	38
Hemsworth	2	—	—	1	—	—	—	—	2
Fitzwilliam	—	—	—	—	1	—	—	—	1
Total	131	68	10	61	125	82	24	81	

ULTRA-VIOLET RAY TREATMENT.

The clinics which have been established by the County Council are at Hemsworth, Denaby, Holmfirth, Swinton and Sowerby Bridge.

Arrangements have also been made with the Bingley and Wombwell Urban District Councils, the Clayton Hospital, Wakefield and the General Infirmary at Leeds.

Towards the end of the year a Kromayer Lamp was installed in the County Public Health Department at Wakefield. Local applications of ultra-violet light have been used in the treatment of diphtheria carriers, but as yet the number of cases treated is too small to allow any conclusions to be drawn. In the short time the lamp has been in use six children have also attended for treatment of otorrhœa. Improvement has been noted in all cases after a period of treatment.

The reports of the Medical Officers in charge of the clinics are given in the following pages:—

WOMBWELL.

During the year 1936, one hundred and thirty-three school children have received treatment at the Wombwell Ultra-Violet Ray Clinic—sixty-one boys and seventy-two girls.

Most of the children were sent for treatment on account of "anæmia" or "debility" or "enlarged glands" and a few were sent on account of "bronchitis."

The average length of treatment of each batch of children sent to the clinic was eight weeks.

Nearly all the children showed definite gains in weight as a result of the treatment.

Eight of the children showed some loss of weight, and a few other children were not present on the last day of treatment when the final weights were taken.

As in previous years the cases of "debility" and "anæmia" following acute illnesses formed the biggest batch of those attending, and these were the ones in whom the most marked benefit was noticed—the treatment providing a powerful stimulant to the metabolism, causing increase of appetite and muscular tone.

In those cases of "debility" and "anæmia" not following acute illnesses, the results were less noticeable.

Ultra-violet light therapy being but part of the treatment of cases of nutrition disturbance, it is proposed to advise all the mothers (where they are not already doing so) to give their children cod liver oil during the treatment.

Speaking generally, after seeing these cases during the year, one cannot help being impressed with the tonic effects of the treatment. The enthusiasm of the parents, who often accompany the children at great inconvenience to themselves, is most encouraging.

BINGLEY.

The attendances and treatments at the above clinic are still on the increase, showing a general appreciation of this work. The total attendances were 3,255, by 126 children for 3,475 treatments, in some cases both light and massage being given. The West Riding County Council sent 57 scholars, and other school-children attended upon the recommendation of private doctors; a number of babies from the Infant Clinic were also treated.

No additions have been made to the equipment of the light room during the year. The multiple carbon arc lamp has proved a satisfactory medium of artificial light for long wave treatment, and a mercury vapour lamp (Percy Hall pattern) effectively supplies ultra-violet light for short wave treatment.

Rheumatism was relieved by general body baths, and the results were encouraging.

That artificial light prevents and cures rickets and other forms of debility in children has now been proved by the results of 1936. Improvements in appetite, sleep, activity, colour and muscular tone have been noted.

The duration of treatment was three months or longer. General irradiations were tri-weekly, increasing by two minutes per session.

Experience continues to show the peculiarly curative quality of radiation from the carbon arc lamp for long wave treatment, which lends itself in a special degree to general constitutional restoration, which is proved by the beneficial influence upon the growth and development of children.

HEMSWORTH.

During the year 124 clinics were held, the doctor being present on 44 occasions. 206 cases came for treatment, of which 76 were still on the roll at the year end. Therefore 130 cases were discharged, of these, 10 left of their own accord, so that results can be assessed in 120.

Below is a resumé of the types of case and result of treatment.

Disease.	No. of cases.	Results.
Sub-acute Rheumatism	13 cases	6 very greatly improved. 3 improved 4 poor results
Stomatitis	1 case	Cured
Furunculosis	1 case	Cured
Recurrent Styes	2 cases	Both cured
Hysteria	1 case	Cured
Impetigo	4 cases	4 cured
Loss of Appetite	2 cases	Both improved
Rickets	5 cases	2 cured 3 improved
Recurrent Bronchitis	1 case	No improvement
Tabes Mesenterica	1 case	Improved
Warts	1 case	Cured
Cervical Adenitis (non-tubercular)	4 cases	4 cured
Tuberculous Adenitis	3 cases	1 cured 2 healed well
Chorea	7 cases	4 cured 2 improved 1 no result
Delayed Resolution of Pneumonia	1 case	Cured
"Pink" Disease	2 cases	2 cured
Alopecia	1 case	Cured
Debility	70 cases	43 cured 23 improved 4 no result

DENABY.

During the year 138 clinics were held, the doctor being present on 42 occasions. 85 cases came for treatment of which 31 were still attending at the year end. Therefore 54 cases were discharged. Of these, 7 left of their own accord so that the results can be assessed in 47 cases.

Below is a resumé of the types of cases and results of treatment:—

Disease.	No. of Cases.	Result.
Alopecia	1 case	Very much better
Recurrent Bronchitis	1 case	Improved
Ricketty Deformities	3 cases	1 improved 2 unchanged
Sub-acute Rheumatism	3 cases	2 very much better 1 slightly improved
Tubercular Adenitis	1 case	Improved
Chorea	13 cases	9 cured 4 slight improvement
Debility	25 cases	14 cured or vastly improved 6 improved 5 little or no result

School Clinics.

The following is a list of School Clinics established by the County Council, all of which, with the exception of those marked * being in conjunction with the Infant Welfare Centres. The Clinics are chiefly held in the mornings at 9-30 by the School Nurses, who refer any cases requiring medical advice to the Medical Officer of the Welfare Centre.

Name and Address	Day of Meeting	Average Attendance
Adwick-le-Street, Woodside Methodist Chapel, Woodlands	Monday, Thursday	31
Airedale, Holy Cross Hut	Monday, Friday	62
Armthorpe, Miners' Welfare Institute	Monday, Thursday	24
Allerton Bywater, Miners' Welfare Institute	Monday, Thursday	22
Ardsley East, Primitive Methodist Chapel	Tuesday	5
Ardsley, West, No. 1, Syke Lane, West Ardsley	Monday	4
Askern, Baptist Chapel, Sutton Road	Tuesday	26
Baildon, Methodist Sunday School.	Wednesday	17
Bentley, Welfare Pavilion	Wednesday, Friday	30
Bramley, Miners' Welfare Hall	Wednesday	19
Birkenshaw, Methodist Free Church	Tuesday	4
Birstall, St. John's School, Chapel Lane	Monday, Wednesday	3
Birdwell, United Methodist Church, Chapel Street	Wednesday	7
Chapeltown, Miners' Welfare Pavilion	Wednesday, Friday	4
Carcroft, Presbyterian Sunday School	Thursday	41
Conisbrough, Army Hut, Balby Street Council School	Mon., Tues., Wed. (Afternoons) Thurs., Fri. (Mornings)	69
Conisborough Upper, Miners' Welfare Institute	Monday	11
Crofton, Council School	Monday	17
Cudworth Wesley Hall	Wednesday, Friday	26
Dalton, Primitive Methodist Chapel	Wednesday, Friday	25
Darfield, Methodist Sunday School, Barnsley Road	Wednesday, Friday	12
Darton (Staincross) Wesleyan Sunday School, Barnsley Road, Mapplewell	Thursday	22
Darton (Gawber) Adult School	Tuesday	33
Dinnington, Wesleyan Sunday School	Tuesday, Friday	12
Dodworth, Mechanics' Institute, High Street	Tuesday, Thursday	23
Drighlington, Wesleyan Sunday School, King Street	Monday, Friday	9
Dunscroft, Church Hall	Tuesday, Friday	33
Elland, Drill Hall, Jepson Lane	Wednesday	22
Edlington, United Methodist Chapel	Tuesday	18
Earby, Old Grammar School	Wednesday	5
Farsley, United Methodist Church	Tuesday, Friday	11
Ferrybridge, Wesleyan Chapel	Thursday	12
Garforth, St. Mary's Hall	Monday	17
Guiseley, Baptist Church, Oxford Road	Thursday	9
Glasshoughton, St. Paul's Institute	Monday, Wednesday, Friday	21
Golear, Council Offices	Wednesday	18
Greetland, Clay House	Tuesday, Thursday	13
Haworth, Hall Green Baptist School	Tuesday, Friday	16
Hebden Bridge, Old Secondary School	Wednesday, Friday	18
Hemsworth, Army Hut, West End Council School	Every morning	7
Hemsworth (Fitzwilliam) Church Hut	Monday, Wednesday	65

SCHOOL CLINICS.—continued.

Name and Address	Day of meeting	Average Attendance
Horbury, Wesleyan Sunday School	Monday, Friday	10
Hoyland, Miners Welfare Institute	Tuesday, Friday	18
Hoyland Common, Wesleyan Chapel	Thursday	11
Holmfirth, Town Hall	Thursday	4
Horsforth, St. Margaret's Hall	Wednesday	11
Hipperholme, Wesleyan Sunday School	Monday	12
Kippax, Trinity Methodist Chapel	Tuesday (Thursday, alternate)	26
Kirkburton, Council School	Tuesday	10
Knaresborough, Fysche Hall Cottage, Isles Lane	Monday, Thursday	14
Knottingley, Secondary School, Chapel Street	Monday, Wednesday, Friday	21
Lepton, Liberal Club	Tuesday, Thursday	12
Slaithwaite, United Methodist Sunday School, Carr Lane	Wednesday Friday	18
Maltby, Congregational Chapel, Carlyle Road	Monday, Thursday	46
Meltham, Baptist Church	Tuesday	8
Mirfield, Ings Grove	Monday, Friday	14
Marsden, Conservative Club	Thursday	6
Milnsbridge, Bungalow, 93, Manchester Road	Tuesday	29
Normanton, Park Pavilion	Monday, Wednesday	14
	Thursday, Friday	
Otley, Primitive Methodist Chapel, Station Road	Thursday	13
Oulton, Village Institute	Tuesday, Friday	9
Outwood, Church Institute	Monday, Wednesday, Friday	15
Penistone, Shrewsbury Methodist Chapel	Monday	16
Queensbury, Cricket Pavilion	Tuesday, Friday	6
Rawmarsh Spiritual Temple, Ashwood Road, Parkgate	Monday, Tuesday	49
	Wednesday, Friday	
Ripon City, Alma House	Monday, Thursday	27
Royston, Wesleyan Sunday School	Wednesday, Friday	14
Rossington, United Methodist Church	Tuesday, Thursday	41
Saddleworth, Mechanics' Institute, Uppermill	Wednesday	3
Selby, Museum Hall, Park Street	Tuesday, Friday	28
Sharlston, St. Luke's Hall	Tuesday, Friday	19
Stainforth, Wesleyan Sunday School, Church Road	Tuesday, Friday	55
Silsden, Ambulance Station, Kirkgate	Tuesday	15
Skipton, Wesleyan Methodist Sunday School Water Street	Wednesday, Friday	8
Stocksbridge, Mozart House, Manchester Road, Deepcar	Tuesday, Friday	26
Sowerby Bridge, Allan House	Tuesday, Thursday	7
Stannington, Underbank Chapel	Wednesday	9
Swinton, Rock House	Monday, Thursday, Friday	20
Stanley, Zion Congregational Chapel	Monday	15
Tadcaster, Shann House.	Tuesday, Friday	5
Thorne, Temperance Institute	Monday, Wednesday	46
Thorne (Moorends) Wesleyan Chapel	Tuesday, Thursday	28
Thurcroft, Miners' Welfare Institute	Monday, Thursday	15
Thurnscoe, Central Hall	Monday,	21
Wath-on-Deerne, Dunford House	Monday, Wednesday	
	Thursday,	20
	Tuesday	15
Whitwood, Memorial Hall	Monday, Wednesday	16
Wath-on-Deerne, West Melton, Wesleyan Chapel	Tuesday, Thursday	19
Worsborough, Wesleyan Sunday School (Dale)	Friday	18
Yeadon, Town Hall	Monday, Friday	19
*Bingley, Mornington Road Council School	Tuesday, Wednesday	16
*Bolton-on-Deerne, Council Offices	Every morning	69
*Castleford, Wesley Street	Every morning and Thursday afternoon	23
*Featherstone, Tradesmen's Club		
*Goole, Dunhill Road	Monday, Wednesday, Friday	51
*Heckmondwike, Green Side	Every morning	16
*Mexborough, New Evening School	Every afternoon	33
*Robin Hood, Infants' Council School	Friday afternoon	10
*Rothwell, New School Clinic	Friday morning	12
*South Elmsall, Miners' Institute, Moorthorpe	Tuesday, Friday	25
*Stourton, Council School	Wednesday, p.m.	20
*Wombwell, Free Library	Monday p.m., Tuesday a.m., Wednesday p.m.	31
*Wombwell, Jump Council School	Thursday a.m. Friday p.m.	26

*School Clinics only.

List of Special Schools and Special Classes to which Defective children
are sent and the types sent to each school:—

Name of School	No. of W.R. children in attendance on 31st December, 1936.
DELICATE CHILDREN.	
Mitchell Memorial Home, Rawdon (W.R.C.C. School)	22
West Kirby Convalescent Home, Nr. Liverpool	18
Oak Bank Open Air School, Sevenoaks	39
Brighouse Open Air School	3
Wombwell Open Air School (W.R.C.C. School)	60
Leasowe Children's Hospital	1
York Fulford Road Special School	1
	144
MENTALLY DEFECTIVE CHILDREN.	
Pield Heath House, Middlesex	1
Leeds, Armley Park Special School	1
Northamptonshire Home for Girls	1
Knotty Ash Horticultural Special School, Nr. Liverpool	3
Allerton Priory R. C. Special School, Liverpool	1
Oldham, Gower Street Special School	1
Bradford, Margaret McMillan Special School	2
York Fulford Road Special School	1
Halifax, Quarry House Special School	1
Leeds, East Leeds Special School	3
Clapham Park School, London, S.W.4.	1
	16
BLIND AND PARTIALLY BLIND CHILDREN.	
Leeds, Blenheim Walk Home	39
Henshaw's Institution for the Blind, Manchester	3
Royal Blind School, Sheffield	16
Fulwood Homes for the Blind, Preston	5
Bradford, Daisy Hill Myopic School	2
Southport Sunshine Home for Blind Babies	1
Oldham, Gower Street	2
Court Grange Special School, Abbotskerswell, Devon	3
	71
DEAF CHILDREN.	
Yorkshire Institution for the Deaf, Doncaster	88
Leeds Blenheim Walk Home for the Deaf	23
Royal Schools for the Deaf, Manchester	14
St. John's Institution for the Deaf, Boston Spa	5
Oldham, Gower Street Special School	2
	132
CRIPPLED CHILDREN.	
Bethesda Home, Manchester	1
Leasowe Children's Hospital	18
Heritage Craft Schools, Chailey	27
St. Michael's Orthopædic Hospital, Clacton-on-Sea	1
Heswall Hospital, Liverpool	8
Heatherwood Hospital, Ascot	1
Marguerite Home, Thorp Arch	4
Children's Rest, Sefton Park, Liverpool	5
St. Vincent's Orthopædic Hospital, Pinner, Middlesex	1
St. Roses R. C. Special School, Stroud	2
Halliwick Cripples Home, Winchmore Hill, London	4
Yorkshire Children's Hospital, Kirby Moorside	1
Lister Lane, School for Cripples, Bradford	1
W. J. Sanderson Home, Garforth	4
Ethel Hedley Hospital, Windermere	1
	79
EPILEPTIC CHILDREN.	
Maghull Home for Epileptics	3
Lingfield Epileptic Colony, Surrey	5
St. Elizabeth's Home, Much Hadham	1
	9

9.—Open-Air Education.

MITCHELL MEMORIAL HOME, RAWDON.

During 1936 the County Council opened a residential open air school for boys at the Mitchell Memorial Home, Rawdon, and this was immediately filled by the transfer of 22 patients from the East Anglian Sanatorium, near Colchester.

This home was formerly used as a sanatorium for ex-service men and as the number of patients had fallen considerably it was transferred from the Public Health and Housing Committee to the Education Committee.

WOMBWELL OPEN-AIR SCHOOL.

The Wombwell Day Open-air School continues its useful work and appended is a copy of the report by DR. J. V. KIRKWOOD, School Medical Inspector, who acts as Medical Officer of the School.

The school has accommodation for sixty children and both boys and girls are admitted. The children are mostly drawn from the neighbouring area owing to the difficulties of transport. At present there are a few children attending from outside the area. The ages range from 7 to 14 years. The children start work at 9 a.m. and at 10-30 a.m. they have a bottle of milk and a ration of cod liver oil. They stop work at 11-40 a.m., have an interval for play and then get a hot dinner. From 12-30 p.m. till 1-15 p.m. they rest and at 3-30 p.m., before leaving, they receive another bottle of milk.

Every child has a shower bath once a week. Some of the parents have objected to this saying that they catch cold afterwards, but as they are supposed to follow the hot shower with a cold one there should be no danger.

The ultra violet light treatment provided by the Wombwell Urban District Council has been of great benefit and a considerable number of children from the school have received treatment at the centre.

The children are frequently inspected by the School Medical Inspector, the School Dentist and the School Nurse, so that any defects receive immediate attention.

There has not been a great deal of serious illness during the year. One girl was absent for 8 weeks with keratitis but has now returned. Another who was absent for a long time with nephritis eventually died from pneumonia.

There was one case of scarlet fever.

The physical training is the same as in ordinary schools. Only three children were not able to take part owing to their poor state of health.

Three children left the school during the year on attaining the age of 14 years.

1. Girl gained 27-lbs. in 2 years—debility and anæmia improved.
2. Girl gained $17\frac{3}{4}$ -lbs. in one year 9 months—debility improved.
3. Boy gained $21\frac{7}{8}$ -lbs. in 2 years 4 months—debility improved.

Average length of stay 2 years.

Average gain in weight $22\frac{1}{8}$ -lbs.

Six children left the school during the year.

1. Girl gained $15\frac{3}{4}$ -lbs. in 2 years 6 months—debility and anæmia improved.
2. Girl gained $20\frac{1}{8}$ -lbs. in 3 years 8 months—debility improved.
3. Girl gained $\frac{3}{4}$ -lb. in 7 months—anæmia and debility not much change.
4. Boy gained $21\frac{1}{2}$ -lbs. in 2 years 8 months—debility improved.
5. Boy gained 11-lbs. 1-oz. in 2 years 2 months—asthma cured.
6. Boy gained $13\frac{1}{2}$ -lbs. in 3 years 9 months—debility and anæmia improved—blepharitis cured.

Average length of stay 2 years 6 months.

Average gain in weight 13-lbs. 11-ozs.

One child left as cured.

Boy gained 12-lbs. in 2 years 6 months—enlarged glands cured.

One girl admitted May 1935 for debility and anæmia, died 22/11/36 from pneumonia and kidney trouble.

Girl admitted September 1932 was discharged on 21/7/33, her enlarged glands cured. Had gained $5\frac{5}{8}$ -lbs. in 8 months.

She was re-admitted 31/9/36 suffering from debility.

NUMBERS AT SCHOOL DECEMBER 1936. Boys 27. Girls 33.

Progress of children who have been at the school since 1932 (*i.e.*, 4 years 7 months).

Boys 5.

Between 18 and 19 lbs. one.
 „ 19 and 20 lbs. one.
 „ 28 and 29 lbs. one.
 „ 29 and 30 lbs. one.
 „ 38 and 39 lbs. one.
 Average gain in weight $26\frac{3}{4}$ -lbs.

GIRLS 5.

Between 32 and 33 lbs. one.
 „ 34 and 35 lbs. one.
 „ 35 and 36 lbs. one.
 „ 39 and 40 lbs. one.
 „ 48 and 49 lbs. one.
 Average gain in weight 38-lbs.

Children admitted 1933 (*i.e.*, 3 years 11 months).

Boys 3.

Between 24 and 25 lbs. one.
 „ 27 and 28 lbs. one.
 „ 28 and 29 lbs. one.
 Average gain in weight $26\frac{1}{3}$ -lbs.

GIRLS 1.

Between 32 and 33 lbs. one.
 Average gain in weight $32\frac{2}{3}$ -lbs.

Children admitted 1934 (*i.e.*, 2 years 10 months).

Boys 8.

Between 8 and 9 lbs. one.
 „ 13 and 14 lbs. one.
 „ 14 and 15 lbs. two.
 „ 15 and 16 lbs. one.
 „ 16 and 17 lbs. one.
 „ 17 and 18 lbs. one.
 „ 21 and 22 lbs. one.
 Average gain in weight $15\frac{1}{3}$ -lbs.

GIRLS 13.

Between 8 and 9 lbs. one.
 „ 9 and 10 lbs. one.
 „ 12 and 13 lbs. one.
 „ 15 and 16 lbs. two.
 „ 16 and 17 lbs. two.
 „ 17 and 18 lbs. two.
 „ 19 and 20 lbs. one.
 „ 21 and 22 lbs. one.
 „ 36 and 37 lbs. one.
 „ 38 and 39 lbs. one.
 Average gain in weight $18\frac{5}{6}$ -lbs.

Children admitted 1935.

Boys 3.

Between 8 and 9 lbs. one.
 „ 9 and 10 lbs. one.
 „ 10 and 11 lbs. one.
 Average length of stay 1 year 4 months.
 Average gain in weight $9\frac{1}{3}$ -lbs.

GIRLS 8.

Between 2 and 3 lbs. one.
 „ 6 and 7 lbs. two.
 „ 7 and 8 lbs. one.
 „ 8 and 9 lbs. one.
 „ 9 and 10 lbs. one.
 „ 13 and 14 lbs. one.
 „ 16 and 17 lbs. one.
 Average length of stay 1 year 4 months.
 Average gain in weight $8\frac{7}{8}$ -lbs.

Children admitted in 1936.

Boys 8.

Between 3 and 4 lbs. one.
 „ 9 and 10 lbs. one.
 6 admitted November 1936.
 Average length of stay 8 months.
 Average gain in weight 6-lbs.

GIRLS 6.

Between 3 and 4 lbs. one.
 „ 5 and 6 lbs. one.
 1 admitted September 1936.
 2 admitted November 1936.
 1 admitted February 1936, absent since
 May with corneal ulcer.
 Average length of stay $9\frac{1}{2}$ months.
 Average gain in weight $4\frac{1}{4}$ -lbs.

Defects for which children were admitted were:—

Debility	...	...	...	...	...	...	...	...	...	23
Debility and anæmia	...	...	...	...	...	...	...	...	...	12
Anæmia	...	...	...	...	...	...	...	...	...	4
Bronchitis	...	...	...	...	...	...	...	...	...	4
Enlarged glands	...	...	...	...	...	...	...	...	...	2
Anæmia and enlarged glands	...	...	...	...	...	...	...	...	...	5
Debility, anæmia and glands	...	...	...	...	...	...	...	...	...	1
Debility and glands	...	...	...	...	...	...	...	...	...	2
Anæmia, debility and bronchitis	...	...	...	...	...	...	...	...	...	1
Debility and bronchitis	...	...	...	...	...	...	...	...	...	2
Old tuberculous spine	...	...	...	...	...	...	...	...	...	1
Old tuberculous hip	...	...	...	...	...	...	...	...	...	1
Nervous debility	...	...	...	...	...	...	...	...	...	1
										Total 60

Co-existing physical defects were :—

Enlarged tonsils	11	One operated on—3 require operation and refuse.
Tonsils and adenoids	2	
Defective vision	8	All wearing glasses or have had glasses ordered.
Otorrhœa	3	Under treatment.
Heart disease	2	
Nephritis	1	Died.
Teeth	1	Refuses treatment.
Blepharitis and rheumatism	1	
Impetigo	1	
Ringworm	1	
Slight chorea	1	
Corneal ulcer	1	Absent last 8 months but may return soon.
Epilepsy	2	
Scabies	1	
Pleurisy	1	

10.—Physical Education.

SELECTED AND ADAPTED FROM THE REPORT OF THE SENIOR ORGANISER OF PHYSICAL TRAINING FOR THE YEAR ENDED 31ST DECEMBER, 1936.

ELEMENTARY SCHOOLS. The year ending December 1936 has been noteworthy for an increased interest in the subject both in the official sphere of teaching in the West Riding and in the press.

The "Playing Fields" movement and the new building recommendations of the Board of Education which approve the provision of gymnasiums in new schools have been factors in the advance. The re-organisation of elementary schools has made the teaching of more advanced work possible in the senior schools and facilitated the organisation of work in junior schools on lines laid down in the 1933 syllabus. Along with the provision of gymnasiums in elementary and secondary schools has been the provision of necessary materials and the extension of swimming facilities.

THE STAFF consists of a Senior Organiser, three whole-time men, two whole-time women, and a part-time man organiser.

There are now 88 schools which are wholly senior schools or include senior classes or departments, and in these schools the work is generally of a more advanced character varying with the accommodation available, the qualifications of the teachers, and the clothing and footgear of the pupils. There are now two fully equipped gymnasiums and the building programme of the Education Committee for 1935-1939 includes the provision of gymnasiums in schools at Wombwell, Rawmarsh, Normanton, Goole, Stainforth, Bramley, Hemsworth (West End), Kinsley, Woodlands, Askern, Bentley, Queensbury, Thorne, Thurnsoe, Ilkley, Skipton, Mirfield, Knaresborough, etc.

All junior schools, rural schools and "all-standard" schools follow the syllabus of Physical Training issued by the Board of Education in 1933. The lessons are usually taken in the open air.

One of the most urgent requirements of children taking physical training, whether in the gymnasium or out of doors, is suitable footgear. Three types of shoes were supplied to ten senior schools and the head teachers reported in favour of one type which has now been supplied to half the senior schools in the Riding. During the year, 4,530 pairs were supplied to 45 departments at a cost of £350 0s. 0d. The remaining schools will be supplied during the next financial year.

PLAYGROUNDS in non-provided schools often leave much to be desired as sites for games. To remedy their shortcomings grants not exceeding a third of the total cost have been made. The number of schools benefiting has been as follows:—

1933-34	...	...	...	...	...	22
1934-35	...	...	...	...	...	5
1935-36	...	...	...	...	...	11
1936-37	...	...	...	...	...	11

The expenditure in the last year was £971 12s. 1d. toward which £322 10s. 0d. was paid in grants.

PLAYING FIELDS attached to schools provide the best media for games. The following senior schools are built on sites large enough to provide several acres of playing space:—Armthorpe, Bentley (High Street), Bolton-on-Dearne, Boroughbridge, Conisboro' Dinnington, Ecclesfield, High Green, Ecclesfield Lound, Edlington, South Featherstone, Airedale, Goole, Hoyland Kirk Balk, Maltby Hall, Normanton, Skellow, Rawmarsh, Rossington, Royston, Stainforth, Stocksbridge, Thorne Moorends, Thurnsoe The Hill, Brampton Bierlow, Whitwood Mere, Wombwell.

Other senior schools possess or rent fields a short distance from the school, such as the following:—Highfields, Cudworth, Darton Hall, Guiseley, Haworth, Holmfirth, Kirkburton, Knaresborough, Mexborough, Silsden, Moorthorpe, Thorne, Upton.

A large number of recreation grounds are used by the schools such as the following:—Addingham, Ardsley, Baildon, Burley-in-Wharfedale, Drighlington, Earby, Grenoside, Garforth, Greetland, Ilkley, Mirfield, Otley, Rawdon, Rawmarsh, Skipton, Sowerby Bridge, and Tadcaster.

A certain number of Miners' Welfare grounds are used by elementary schools, and certain non-provided schools (Guiseley, Lightcliffe) have fields of their own.

SWIMMING INSTRUCTION IN ELEMENTARY SCHOOLS. During the season instruction has been given at 44 Centres as against 42 Centres during the season 1935. The following Centres have been available for the first time (1) Ilkley (open air) available for children from Ilkley and Burley Schools; (2) Ripon Spa for children from Ripon and Sharow.

The following are the comparable figures for the seasons 1936 and 1935.

					Total No. of children who have received instruction.			Total No. of attendances made		
					Boys.	Girls.	Total.	Boys.	Girls.	Total.
1936	...	...	...	...	12,890	12,387	25,277	137,139	125,688	262,827
1935	...	...	...	...	11,946	11,350	23,296	126,262	114,623	240,885
COUNTY COUNCIL CERTIFICATES OBTAINED.										
					25 yards.			75 yards.		
1936	...	...	...	...	1,607	1,471	3,078	1,418	1,211	2,629
1935	...	...	...	...	—	—	—	1,862	1,378	3,240

This year the Education Committee has made an award of a 25 yard certificate in addition to the certificate for swimming 75 yards, and this has been a great incentive to increased effort.

The West Riding Education Committee possesses one swimming bath (Milnsbridge) and also makes use of baths provided by County Boroughs, Non-County Boroughs, Urban District Councils, Miners' Welfare Organizations, Mill Institutes, Collieries and privately owned baths.

Instruction is given by the Baths manager or by a local teacher of swimming and occasionally by a member of the school staff.

The accommodation at the baths is usually overtaxed in the summer months and in one case a not unsuccessful experiment has been made of extending the teaching to the early winter months September to November.

SECONDARY SCHOOLS—GYMNASIUMS. Of the 53 West Riding secondary schools, 43 have a fully equipped gymnasium and two (Harrogate Grammar School and Mexborough Secondary School) have two gymnasiums. The others have a hall equipped with apparatus. The apparatus both fixed and moveable in the gymnasiums is tested and examined every year by the County Supplies Department.

PLAYING FIELDS. All secondary schools have playing fields either adjoining the school or some distance away. Each year additions are being made to the playing fields accommodation of the West Riding secondary schools. Many of the schools have excellent playing fields such as Harrogate, Otley, Ripon and Thorne Grammar Schools, and Pontefract King's School. One of the best laid out fields is at Goole where the Grammar School has 12 hard tennis courts, cricket square, rugby, association football and hockey pitches in addition to the space for net ball, rounders and other games.

SWIMMING INSTRUCTION. Only four West Riding secondary schools possess swimming baths, namely Ilkley, Skipton and Ripon Grammar Schools and Guiseley Secondary School. Other schools use public swimming baths.

TECHNICAL AND EVENING CLASSES. In the winter session commencing September, 1936, 428 classes were established, of which 210 were for men and boys and 218 for women and girls.

Four-fifths of the teachers are drawn from the staffs of elementary schools—the others being secondary school teachers.

The scheme of work generally consists of free standing exercises, vaulting and jumping, games, skipping and dancing. Folk dance classes and lessons in swimming are given by specialist teachers. During the year "keep fit" classes have become popular. They develop the recreational side and with the aid of music and attractive outfits, appeal to women and girls particularly.

11.—School Baths.

During the year 1936, 32 samples of swimming bath waters, from 11 different baths were examined bacteriologically at the request of the Education Officer or the Local Sanitary Authority. Of these, 19 proved satisfactory and 13 unsatisfactory. Of the unsatisfactory samples, 8 later proved satisfactory. In respect of the remaining 5, advice was given about chlorination, but no further samples have been taken.

12.—Co-operation of Parents.

The parents appear to be taking a greater interest in the health of the children as witnessed by the demand for lectures by Parent-Teachers Associations. Such lectures have been given in the evenings by the Assistant School Medical Officer and the Senior Dental Officer, and the Dentists have often prefaced their course of treatment in a school by a lecture to the parents and children.

In some instances parents make enquiries as to when the next visit of the doctor or dentist is to take place.

13.—Co-operation of Teachers.

This is a matter upon which a large measure of the success of school medical inspection and treatment depends. The teachers can and do follow up a number of cases in which the parents are apathetic; no one but the teachers or the parents can ensure children wearing the spectacles provided.

A School Medical Inspector mentions one improvement which would be of great benefit, *viz.*: the teachers should see that a scholar's medical and dental cards should be transferred with the child when removing to another school so that any instructions about sight, hearing or physical training could be carried out.

14.—Co-operation of School Inquiry Officers.

This is an essential part of the work, particularly in connection with medical certificates for exclusion issued by School Medical Inspectors.

The Inquiry Officer also obtains from teachers particulars of infectious disease and immediately transfers such information to the Medical Officers of Health.

15.—Co-operation of Voluntary Bodies.

The School Medical Inspectors make use of the National Society for the Prevention of Cruelty to Children in obstinate cases where the parents persistently refuse to obtain spectacles for their children or do not keep the children clean. During 1936, 45 cases were reported to the Society with good results.

16.—Blind, Deaf and Epileptic Children.

These children are classified in various sections of Table III. They are kept under the supervision of the School Medical Inspectors or School Oculists until admitted to special schools. Upon discharge from special schools, the names are forwarded to the officers concerned with instructions to again keep them under supervision.

17.—Nursery Schools.

The County Council have approved the erection of three Nursery Schools, and the first one completed at Castleford was opened for the reception of 80 children on February 1st, 1937. The School Medical Inspector will make periodic visits of inspection, and the School Nurse is holding a weekly clinic on the school premises.

In addition to this school there are 26 nursery classes in operation in schools and 13 more in the course of formation.

18.—Secondary Schools.

Medical inspection is carried out in all the secondary schools and also the Keighley and Batley Junior Art Schools. In these schools the rule operating—in accordance with the desire of the Committee—is for a male inspector to examine the boys and a female for the girls. This is difficult to arrange as the proportion of male Medical Officers to female, *viz.*:—5 to 11, is so small that a considerable amount of travelling is involved.

19.—Continuation Schools.

Three Junior Instruction Centres were opened during the year at Mexborough (400 boys), Pontefract (200 boys), and Selby (30 girls). Arrangements for medical inspection were made and the School Medical Inspectors after two or three visits decided that a monthly visit was sufficient. The examination consists of a routine inspection of all entrants and recommendations are made to the Superintendent of each Centre regarding treatment required. In the case of pupils over 16 years of age, such treatment can be obtained from the panel doctor as the pupils are insured, but under that age treatment is given at the school clinics.

It is hoped to commence dental treatment during 1937.

20.—Employment of Children and Young Persons.

During 1936 the School Medical Inspectors examined 947 children who desired to be employed out of school hours in the delivery of newspapers or milk, and of these, 36 were rejected as being unsuitable for such work.

21.—Special Report.

OPEN-AIR SCHOOLS.

DR. J. WOOD WILSON has prepared the following special report:—

As open-air schools are becoming more numerous it is perhaps opportune to consider the results of the attendance of school children at these institutions not only in respect of immediate benefit but also of maintained improvement after discharge.

School children from the West Riding administrative area may now be sent to one of seven open-air schools, four of which are residential and the remainder of the "day" character.

For the purpose of this investigation it was decided to follow up the delicate children discharged from residential open-air schools during the years 1934, 1935 and 1936. The inquiry was also limited by excluding from it children suffering from any rheumatic affection or with any orthopædic defect who may have had a period of residence in an open-air school.

The reason for the admission of the children was therefore in the majority of cases debility, often following such illnesses as bronchitis, diphtheria, scarlet fever, and appendicitis.

The information required regarding these children was reduced to as simple requirements as possible, the criterion of continued benefit following discharge being judged by regularity of attendance at school, or work, as many had attained the age of fourteen years.

In all, information was obtained of 179 children discharged during the three years and the accompanying table gives a summary of the findings.

The figures relating to immediate benefit are very much to be expected, showing that 161 or 90 per cent. are improved in health on discharge from open-air school.

Taking next the figures for those showing continued improvement after discharge it is found that the number has dropped from 161 to 103, or 57 per cent. of the total discharges. This figure agrees very closely with the number judged to be maintaining improvement by their regularity of attendance at school or work.

An interesting point arises, although the numbers are small, when the percentage of "regular attenders" is taken for each year as shown in the following table.

Year.	"Regular Attenders" to total number discharged per cent.
1934	52
1935	57
1936	60

The conclusion to be drawn from the above table is that as each year passes after discharge fewer children maintain the improvement first shown.

This is not absolutely true, however, as the longer children have been discharged the more chance there is of their condition not being ascertained.

As a result of this investigation it would appear that in the great majority of delicate children admitted to open air schools, improvement is shown on discharge and that there is then a steady fall in the number showing maintained improvement varying with the number of years after discharge.

DELICATE CHILDREN.

INVESTIGATION OF 179 SCHOOL CHILDREN DISCHARGED DURING THE YEARS 1934, 1935 AND 1936
FROM OPEN-AIR SCHOOLS.

Year of discharge.	Total No.	Immediate Benefit.			Subsequent History.				Attendance at School or Work.			
		Yes	No.	Doubtful	Continued Improvement.	Deterioration.	Condition Stationary.	Not known.	Regular.	Irregular.	Unable to attend.	Not known.
1934	25	20	—	5	12	4	2	7	13	2	2	8
1935	71	67	2	2	40	10	13	8	41	16	3	11
1936	83	74	8	1	51	10	19	3	50	20	5	8
Totals	179	161	10	8	103	24	34	18	104	38	10	27

22.—Miscellaneous.

CLINICAL PATHOLOGY.

The following specimens were taken by the school medical staff and submitted to the County Laboratory for examination:—

Throat Swabs	...	...	...	...	...	...	...	...	146
Hairs and Scales for Ringworm	...	...	...	...	...	...	...	...	132
Miscellaneous Specimens	...	...	...	...	...	...	...	...	97
									675

MEDICAL EXAMINATIONS, ETC.

Special examinations were made by the School Medical Inspectors of mentally and physically defective children, teachers, candidates for bursarships and others in addition to their ordinary duties. A summary of these is given below:—

(a)	Cases examined under the Mental Deficiency Acts and the Education Act	1,502
(b)	Teachers, Bursars, etc.	21
(c)	Children for Licences for Entertainments	35
		1,558

The School Oculists examined 714 cases under the Blind Persons Act, in addition to their work in schools. Medical certificates were submitted to the School Medical Officer in respect of 80 applicants for admission to Bingley Training College.

BINGLEY TRAINING COLLEGE.

Special visits were made to the college in May to examine 75 students who were about to complete their second year of training.

The candidates, after examination, were classified as follows:—

A1, 49; A.2, 20; B.1, 2; B.2, 1; and 3 uncertificated teachers.

In October, DR. ALLAN again visited the college to examine 78 newly admitted students. These were classified as under:—

A.1, 57; A.2, 20; B.2, 1.

COUNTY HALL,
WAKEFIELD,
April, 1937.

T. N. V. POTTS,
County and School Medical Officer.

TABLE I.**Return of Medical Inspections (Elementary).**

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	19,917
Intermediates	...	...	...	...	...	...	...	...	20,528
Leavers	...	...	...	...	...	...	...	...	16,965
Total									57,410
Number of other Routine Inspections									—
Grand Total									57,410
B. OTHER INSPECTIONS.									
Number of Special Inspections									8,428
Number of Re-inspections									20,979
Total									29,407

C.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Code Groups—									
Entrants	...	...	...	...	...	...	...	...	4,605
Intermediates	...	...	...	...	...	...	...	...	5,606
Leavers	...	...	...	...	...	...	...	...	4,342
Total (code groups)									14,553
Other routine inspections									—
Grand Total									14,553

TABLE I. (a).**Return of Medical Inspections (Secondary).**

A. ROUTINE MEDICAL INSPECTIONS.									
Entrants	...	...	...	...	...	...	...	...	4,053
Age Group 15	...	...	...	...	...	...	...	...	2,392
Total									6,445
B. OTHER INSPECTIONS.									
Number of Special Inspections									121
Number of Re-inspections									1,058
Total									1,479

C.—Number of individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.)

Code Groups—									
Entrants	...	...	...	...	...	...	...	...	898
Age Group 15	...	...	...	...	...	...	...	...	588
Total (code groups)									1,486
Other routine inspections									—
Grand Total									1,486

Medical Inspection Department. West Riding County Council.

TABLE II. (A)

Return of Defects found in the course of Medical Inspection of Elementary School Children in 1936.

DEFECT OR DISEASE.						Routine Inspections.		Specials.				
						Number referred for treatment.	No. requiring to be kept under obser- vation, but not referred for treat- ment.	Number referred for treatment.	No. requiring to be kept under obser- vation, but not referred for treat- ment.			
Skin	{	Ringworm	(Head	...	...	1	...	50	1	27	3	
			(Body	...	...	2	...	32	—	7	1	
		Scabies	...	...	...	...	3	...	69	1	38	2
		Impetigo	...	...	...	...	4	...	266	2	110	2
		Other Diseases (Non-Tubercular)	...	...	...	...	5	...	521	114	114	30
Total (Heads 1 to 5)						...	...	938	118	296	38	
Eyes	{	Blepharitis	...	...	...	...	6	...	555	64	187	31
		Conjunctivitis	...	...	...	...	7	...	76	3	25	1
		Keratitis	...	...	...	...	8	...	6	1	—	1
		Corneal Opacities	...	...	...	...	9	...	28	27	17	6
		Other Conditions (excluding defective vision and squint)	...	...	...	...	10	...	129	36	29	18
		Total (Heads 6 to 10)	...	...	...	...	794	131	258	57		
Ears	{	Defective Vision (excluding squint)	...	...	...	...	11	...	4,363	1,414	2,674	807
		Squint	...	...	...	...	12	...	657	247	182	62
		Defective Hearing	...	...	...	...	13	...	156	108	71	31
		Otitis Media	...	...	...	...	14	...	383	41	120	23
		Other Ear Diseases	...	...	...	...	15	...	110	14	37	18
Nose and Throat.	{	Enlarged Tonsils	...	...	...	...	16	...	1,538	7,020	515	828
		Adenoids	...	...	...	...	17	...	147	127	46	19
		Enlarged Tonsils and Adenoids	...	...	...	...	18	...	1,078	359	428	84
Enlarged Cervical Glands (Non-Tubercular)	{	Other Conditions	...	...	...	...	19	...	375	217	54	80
			...	...	...	...	20	...	99	2,785	46	174
		Defective Speech	...	...	...	...	21	...	93	170	30	42
Heart and Circulation	{	Heart Disease	{ Organic	...	...	...	22	...	213	382	78	147
			{ Functional	...	...	...	23	...	45	375	11	65
		Anæmia	...	...	...	...	24	...	1,313	312	555	70
Lungs	{	Bronchitis	...	...	...	...	25	...	785	261	51	17
		Other Non-Tubercular Diseases	...	...	...	...	26	...	110	495	10	45
Tuberculosis	{	Pulmonary	{ Definite	...	...	...	27	...	24	9	1	4
			{ Suspected	...	...	...	28	...	64	60	31	12
	{	Non-Pulmonary	Glands	...	...	...	29	...	47	74	12	29
			Bones and Joints	...	...	...	30	...	11	16	1	4
			Skin	...	...	...	31	...	4	2	—	1
			Other Forms	...	...	...	32	...	5	11	—	9
			Total (Heads 29 to 32)	...	...	...	67	103	13	43		
Nervous System	{	Epilepsy	...	...	...	...	33	...	6	31	2	13
		Chorea	...	...	...	...	34	...	46	40	27	15
		Other Conditions	...	...	...	...	35	...	49	307	17	123
Deformities	{	Rickets	...	...	...	...	36	...	61	213	6	17
		Spinal Curvature	...	...	...	...	37	...	161	432	45	138
		Other Forms	...	...	...	...	38	...	210	251	69	63
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						...	...	978	2,956	354	1,691	
TOTAL						...	...	14,863	18,978	6,027	4,726	

Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age Groups.	Number of Children Inspected.	A. (excellent.)		B. (normal.)		C. (slightly sub-normal.)		D. (bad.)	
		No.	%	No.	%	No.	%	No.	%
Entrants 	19,917	2792	14.02	14351	72.05	2678	13.45	96	0.48
Intermediates 	20,528	2356	11.48	14711	71.66	3364	16.39	97	0.47
Leavers 	16,965	2576	15.18	11940	70.38	2381	14.04	68	0.40
Other routine inspections 	—	—	—	—	—	—	—	—	—
TOTAL 	57,410	7724	13.46	41002	71.42	8423	14.67	261	0.45

TABLE IIa.—A.

Return of defects found in the course of Medical Inspection of Secondary School Children in 1936.

DEFECT OR DISEASE.						Routine Inspections.		Specials.					
						Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.				
Skin	{	Ringworm	{	Head	...	1	...	5	—	1	—		
			Body	...	2	...	—	—	—	—			
	Scabies					...	3	...	—	—	1	—	
	Impetigo					...	4	...	—	—	1	—	
	Other Diseases (Non-Tubercular)					...	5	...	82	34	6	—	
Total (Heads 1 to 5)						...	...	87	34	9	—		
Eyes	{	Blepharitis	...	...	...	6	...	19	2	6	—		
		Conjunctivitis	...	...	...	7	...	—	—	—	—		
		Keratitis	...	...	...	8	...	1	—	—	—		
		Corneal Opacities	...	...	...	9	...	1	3	—	—		
		Other Conditions (excluding defective vision and squint)	...	...	...	10	...	14	3	2	—		
Total (Heads 6 to 10)						...	...	35	8	8	—		
Ears	Defective Vision (excluding squint)					...	11	...	679	452	152	71	
	Squint					...	12	...	19	19	—	—	
	{	Defective Hearing					...	13	...	13	9	3	—
		Otitis Media					...	14	...	10	2	2	1
	Other Ear Diseases					...	15	...	10	4	5	—	
Nose and Throat.	Enlarged Tonsils					...	16	...	76	392	14	3	
	Adenoids					...	17	...	5	1	1	2	
	Enlarged Tonsils and Adenoids					...	18	...	52	8	9	2	
Other Conditions						...	19	...	28	17	1	1	
Enlarged Cervical Glands (Non-Tubercular)						...	20	...	17	84	1	1	
Defective Speech						...	21	...	11	16	1	—	
Heart and Circulation	{	Heart	{	Organic	...	22	...	17	50	12	20		
		Functional		...	23	...	13	54	7	7			
		Anæmia					...	24	...	199	21	40	8
Lungs	{	Bronchitis					...	25	...	16	10	—	3
		Other Non-Tubercular Diseases					...	26	...	4	12	—	1
Tuberculosis	{	Pulmonary	{	Definite	...	27	...	—	—	—	—		
				Suspected	...	28	...	2	3	1	—		
	{	Non-Pulmonary	Glands	...	29	...	—	3	1	—			
			Bones and Joints	...	30	...	1	1	—	—			
			Skin	...	31	...	—	—	—	—			
			Other Forms	...	32	...	—	1	—	—			
	Total (Heads 29 to 32)						...	...	1	5	1	—	
Nervous System	{	Epilepsy					...	33	...	2	—	—	—
		Chorea					...	34	...	—	3	1	—
		Other Conditions					...	35	...	6	10	1	4
		Rickets					...	36	...	3	5	—	—
Deformities	{	Spinal Curvature					...	37	...	49	64	14	5
		Other Forms					...	38	...	213	129	21	10
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)						...	39	...	107	150	33	30	
TOTAL						...	...	...	1,674	1,562	337	169	

Classification of the Nutrition of Children Inspected during the year in the Routine Age Groups.

Age Groups.						A. (excellent.)		B. (normal.)		C. (slightly sub-normal.)		D. (bad.)	
						No.	%	No.	%	No.	%	No.	%
Entrants						4,053		675	16.66	3061	75.53	313	7.72
Age-group 15						2,392		530	22.16	1751	73.20	111	4.64
TOTAL						6,445		1205	18.70	4812	74.66	424	6.58

TABLE III.
Return of all Exceptional Children in the West Riding,
31st December, 1936.

BLIND CHILDREN		
At Certified Schools for the Blind	41	
At Public Elementary Schools	3	
At Other Institutions	—	
At no School or Institution	8	
	52	
PARTIALLY BLIND CHILDREN		
At Certified Schools for the Blind	28	
At Certified Schools for the Partially Blind	2	
At Public Elementary Schools	73	
At Other Institutions	—	
At no School or Institution	12	
	115	
DEAF CHILDREN		
At Certified Schools for the Deaf	108	
At Public Elementary Schools	3	
At other Institutions	—	
At no School or Institution	12	
	123	
PARTIALLY DEAF CHILDREN		
At Certified Schools for the Deaf	24	
At Certified Schools for the Partially Deaf	—	
At Public Elementary Schools	2	
At other Institutions	—	
At no School or Institution	1	
	27	
MENTALLY DEFECTIVE CHILDREN		
(Feeble-minded Children)		
At Certified Schools for Mentally Defective Children	16	
At Public Elementary Schools	283	
At Other Institutions	7	
At no School or Institution	214	
	520	
EPILEPTIC CHILDREN		
(Children suffering from Severe Epilepsy)		
At Certified Special Schools	9	
At Public Elementary Schools	21	
At other Institutions	1	
At no School or Institution	34	
	65	
PHYSICALLY DEFECTIVE CHILDREN		
(Children Suffering from Pulmonary Tuberculosis—including Pleura and Intra-Thoracic Glands)		
At Certified Special Schools	90	
At Public Elementary Schools	338	
At other Institutions	31	
At no School or Institution	60	
	519	
(Children suffering from Non-Pulmonary Tuberculosis)		
At Certified Special Schools	94	
At Public Elementary Schools	674	
At other Institutions	91	
At no School or Institution	108	
	967	
(Delicate Children)		
At Certified Special Schools	144	
At Public Elementary Schools	233	
At other Institutions	3	
At no School or Institution	117	
	497	
(Crippled Children)		
At Certified Special Schools	67	
At Public Elementary Schools	113	
At other Institutions	—	
At no School or Institution	95	
	275	
(Children with Heart Disease)		
At Certified Special Schools	12	
At Public Elementary Schools	23	
At other Institutions	—	
At no School or Institution	60	
	95	

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.					
Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At Other Institutions	At no School or Institution	Total
Feeble Minded and Cripple ...	—	4	—	13	17
Feeble Minded and Epileptic ...	—	2	1	15	18
Feeble Minded and Blind ...	—	—	—	2	2
Feeble Minded and Heart Disease ...	—	1	—	1	2
Epileptic and Cripple ...	—	—	—	2	2
Feeble Minded and Deaf ...	1	—	—	1	2
Feeble Minded, Cripple and Epileptic ...	—	1	—	—	1
TOTAL ...	1	8	1	34	44

TABLE IV.

Return of Defects Treated during the year ended 31st December, 1936.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin.			
Ringworm—Scalp			
(1) X-Ray Treatment	18	23	41
(2) Other Treatment	234	39	273
Ringworm—Body	255	13	268
Scabies	445	56	501
Impetigo	11,444	286	11,730
Other skin diseases	4,053	189	4,242
Minor Eye Defects (External and other, but excluding cases falling in Group II).	2,239	211	2,450
Minor Ear Defects	3,423	162	3,585
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.).	27,270	1,124	28,394
TOTAL ...	49,381	2,103	51,484

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

NUMBER OF DEFECTS DEALT WITH.			
Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) (Operations for Squint are recorded separately in the body of the Report) ...	7,156	26	7,182
Other Defect or Disease of the eyes (excluding those recorded in Group I)	—	—	—
TOTAL ...	7,156	26	7,182
Number of children for whom spectacles were			
(a) Prescribed	5,332	26	5,358
(b) Obtained	4,009	26	4,035

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
392	92	1038	47	153	49	555	55	545	141	1593	102	144	2525

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme. (1)			Otherwise (2)			Total number treated
	Residential treatment with education (i)	Residential treatment without education (ii)	Non-resi- dential treatment at an ortho- pædic clinic (iii)	Residential treatment with education (i)	Residential treatment without education (ii)	Non-resi- dential treatment at an ortho- pædic clinic (iii)	
Number of children treated	49	—	—	—	42	75	166

Table V.—Dental Inspection and Treatment (Elementary).

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE.	5	6	7	8	9	10	11	12	13	14	TOTAL.
Number	10635	12517	12545	12890	12796	9972	6902	5464	5021	1069	89811

(b) Specials	...	...	...	...	...	...	...	...	...	...	5,542
(c) TOTAL (Routine and Specials)	...	...	...	...	...	...	...	...	...	...	95,353
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	...	72,793
(3) Number actually treated	...	...	...	...	...	...	...	...	...	...	46,407
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	...	59,407

(5) Half-days devoted to:—				(7) Extractions:—		
Inspection	...	...	1,146	Permanent Teeth	17,906	
Treatment	...	...	7,975	Temporary Teeth	92,839	
TOTAL	...	...	9,121	TOTAL	...	110,745
(6) Fillings:—				(8) Administrations of general anæsthetics for extractions	—	
Permanent Teeth	...	...	31,387	(9) Other Operations:—		
Temporary Teeth	...	...	1,040	Permanent Teeth	4,654	
TOTAL	...	...	32,427	Temporary Teeth	416	
				TOTAL	...	5,070

Table Va.—Dental Inspection and Treatment (Secondary).

(1) Number of children inspected by the Dentist.
(a) Routine age-groups.

AGE	8	9	10	11	12	13	14	15	16	17	18	TOTAL
Number	17	29	208	651	934	922	838	747	410	131	56	4943
(b) Specials												—
(c) TOTAL (Routine and Specials)												4,943
(2) Number found to require treatment ...												4,223
(3) Number actually treated ...												3,192
(4) Attendances made by children for treatment ..												5,188
(5) Half-days devoted to:—												
Inspection ...				70								
Treatment ...				856								
TOTAL ...				926								
(6) Fillings:—												
Permanent Teeth ...				4,929								
Temporary Teeth ...				9								
TOTAL ...				4,938								
(7) Extractions:—												
Permanent Teeth												2,981
Temporary Teeth												771
TOTAL ...												3,752
(8) Administrations of general anæsthetics for extractions												—
(9) Other Operations:—												
Permanent Teeth												931
Temporary Teeth												19
TOTAL ...												950

Table VI.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by the School Nurses ...	8.7
(2) Total number of examinations of children in the Schools by School Nurses ...	413,588
(3) Number of individual children found unclean ...	2,497
(4) Number of children cleansed under arrangements made by the Local Education Authority ...	370
(5) Number of cases in which legal proceedings were taken—	
(a) Under the Education Act, 1921 ...	—
(b) Under School Attendance Bye-laws ...	—



